

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

6351

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission file's) **2 Total pages filed:**

3 COMMITTEE NAME
 Progressive Action P.A.C.

OFFICE USE ONLY

Date Received: 2006 JUL 18
 COUNTY CLERK
 TRAVIS COUNTY
 TEXAS

Date Hand-delivered or Date Postmarked: 2006 JUL 19 11:13 AM

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD

4 COMMITTEE ADDRESS
 Change of Address
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 1100 Guadalupe Austin TX 78701

5 CAMPAIGN TREASURER NAME
 MS / MRS / MR: FIRST: MI: NICKNAME: LAST: SUFFIX:
 Mr. Brian Roark

6 CAMPAIGN TREASURER'S STREET ADDRESS
 (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 1100 Guadalupe Austin TX 78703

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
 STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 1100 Guadalupe Austin TX 78703

8 CAMPAIGN TREASURER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
 (512) 476-4873

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
 Month Day Year Month Day Year
 02 / 26 / 06 THROUGH 06 / 30 / 06

11 ELECTION
 ELECTION DATE: Month Day Year: ELECTION TYPE:
 03 / 07 / 06 Primary Runoff General Special

GO TO PAGE 2

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

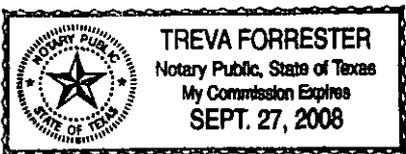
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>Progressive Action P.A.C.</i>	ACCOUNT # (Ethics Commission filers)
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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 checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <i>Sarah Eckhardt</i> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>County Commissioner, pct. 2</i> <table style="width:100%"> <tr> <td>BALLOT IDENTIFICATION / #</td> <td>ELECTION DATE</td> </tr> <tr> <td></td> <td>Month Day Year</td> </tr> <tr> <td></td> <td>/ /</td> </tr> </table> DESCRIPTION	BALLOT IDENTIFICATION / #	ELECTION DATE		Month Day Year		/ /
	BALLOT IDENTIFICATION / #	ELECTION DATE						
		Month Day Year						
		/ /						

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)	\$ <i>13,050</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>22,292</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>135.44</i>
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 18, Election Code

[Handwritten Signature]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Brian Roark*, this the *17th* day of *July*, 2006, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Treva Forrester
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 <i>Progressive Action P.A.C.</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>03/02/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineberger, Goggan, Blair & Sampson</i>	7 Amount of contribution (\$) <i>7000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1949 S. IH 35 Austin TX. 78741</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>03/03/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cal Varner</i>	Amount of contribution (\$) <i>5000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1211 E. 11th Austin TX. 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>03/04/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ken Oden</i>	Amount of contribution (\$) <i>1050.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1506 Gousten Ave. Austin TX. 78703</i>		(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)	
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 filers)	
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 6 Corporation / Labor Organization address: City: State: Zip Code	7 Amount of contribution (\$)	8 In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution 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 contribution (\$)	In-kind contribution description (if applicable)
		(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.		1 Total pages 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)
		(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)	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 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		
GUARANTOR INFORMATION <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: 1
2 FILER NAME <i>Progressive Action P.A.C.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/27/06</i>	5 Payee name <i>Message, Audience & Presentation</i> 6 Payee address; City; State; Zip Code <i>2401 S. 4th St. Austin Tx. 78704</i>	7 Amount (\$) <i>\$9213.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>mailer to support Sarah Eckhardt</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: <i>Sarah Eckhardt</i> Office sought: <i>cc pct. 2</i> Office held:
Date <i>3/9/06</i>	Payee name <i>Message, Audience & Presentation</i> Payee address; City; State; Zip Code <i>2401 S. 4th St. Austin Tx. 78704</i>	Amount (\$) <i>\$9213.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>mailer to support Sarah Eckhardt</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: <i>Sarah Eckhardt</i> Office sought: <i>cc pct. 2</i> Office held:
Date <i>3/9/06</i>	Payee name <i>Message, Audience & Presentation</i> Payee address; City; State; Zip Code <i>2401 S. 4th St. Austin Tx. 78704</i>	Amount (\$) <i>\$1933.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>mailer to support Sarah Eckhardt</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: <i>Sarah Eckhardt</i> Office sought: <i>cc pct. 2</i> Office held:
Date <i>3/10/06</i>	Payee name <i>Message, Audience & Presentation</i> Payee address; City; State; Zip Code <i>2401 S. 4th St. Austin Tx. 78704</i>	Amount (\$) <i>\$1933.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>mailer to support Sarah Eckhardt</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: <i>Sarah Eckhardt</i> Office sought: <i>cc pct. 2</i> Office held:
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 ** Complete if direct expenditure to benefit C/OH ** 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)	** Complete if direct expenditure to benefit C/OH ** 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)	** Complete if direct expenditure to benefit C/OH ** 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)	** Complete if direct expenditure to benefit C/OH ** 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)	** Complete if direct expenditure to benefit C/OH ** 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: 1
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>First State Bank Central Texas</i>	8 Amount (\$) <i>\$12.00</i>
<i>3/31/06</i>	6 Payee address; City; State; Zip Code <i>5550 Dodger Loop, Temple TX. 76503</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>service charge on bank acct.</i>	
Date	Payee name <i>First State Bank Central Texas</i>	Amount (\$) <i>\$12.00</i>
<i>4/28/06</i>	Payee address; City; State; Zip Code <i>5550 Dodger Loop, Temple TX 76503</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Service charge</i>	
Date	Payee name <i>First State Bank Central Texas</i>	Amount (\$) <i>\$12.00</i>
<i>5/31/06</i>	Payee address; City; State; Zip Code <i>5550 Dodger Loop, Temple TX. 76503</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Service charge</i>	
Date	Payee name <i>First State Bank Central Texas</i>	Amount (\$)
<i>6/30/06</i>	Payee address; City; State; Zip Code <i>5550 Dodger Loop, Temple TX. 76503</i>	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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

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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 <hr style="border-top: 1px dashed black;"/> 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dashed black;"/> Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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**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)
----------------------------	--

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

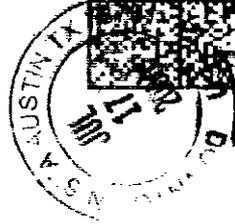
Title of officer administering oath

CERTIFIED MAIL



7114 9269 3130 0000 0723

PS Form 3800, 6/02



044J83036P6
\$5.580
07/17/2008
Mailed From 787014
US POSTAGE

Brian Roark
Minton, Burton, Foster & Collins, P.C.
1100 Guadalupe
Austin, Texas 78701

**NO CHECK
ENCLOSED**

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

