

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**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 Uses) **2** Total pages filed: **4**

3 COMMITTEE NAME
GATEWAY LIBRARY SPAC

OFFICE USE ONLY
Date Received: 2/19/07
Date Hand-delivered or Date Postmarked: 11/21/06
Receipt #
Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
**816 CONGRESS AVE.
SUITE 1200
AUSTIN, TX 78701**

5 CAMPAIGN TREASURER NAME
MS / MRS / MR **MR** FIRST MI SUFFIX
**WILLIAM B.
HILGERS**
NICKNAME LAST

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
**816 CONGRESS AVE.
SUITE 1200
AUSTIN, TX 78701**

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE
SAME

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 247-2351 OR 476-0005

9 REPORT TYPE
 January 15 30th day before election Exceeded \$500 limit
 July 16 6th day before election Dissolution (attach PAC-CR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
11 / 14 / 06 THROUGH 12 / 18 / 06

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

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <p style="text-align: center;">GATEWAY LIBRARY SPAC</p>	ACCOUNT # (Ethics Commission filers)
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13 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary.)</small> <input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small> <input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small> <input type="checkbox"/> ASSIST <small>(Officeholder)</small>	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
		BALLOT IDENTIFICATION / # <div style="float: right;"> ELECTION DATE <small>Month Day Year</small> <p style="text-align: center;">11 / 07 / 06</p> </div>
DESCRIPTION CREATE EAST TRAVIS GATEWAY LIBRARY DISTRICT		

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)	\$ 6000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7352.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 353.39
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.

William B. Hilgers

 Signature of campaign treasurer

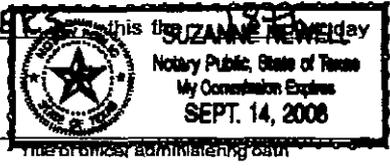
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WILLIAM B. HILGERS on this 11th day of DECEMBER 20 06, to certify which, witness my hand and seal of office.

Suzanne Newell

 Signature of officer administering oath

Printed name of officer administering oath



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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

EAST TRAVIS GATEWAY LIBRARY DISTRICT

3 ACCOUNT # (Ethics Commission files)

4 Date

12/5/06

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

ELROY COMMUNITY LIBRARY

6 Contributor address; City; State; Zip Code

**13512 F.M. 812
DEL VALLE, TX 78617**

7 Amount of contribution (\$)

\$6000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PUBLIC LIBRARY

10 Employer (See Instructions)

N/A

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

EAST TRAVIS GATEWAY LIBRARY DISTRICT

3 ACCOUNT # (Ethics Commission files)

4 Date

12/12/06

5 Payee name

INFORMATION SYSTEMS DEVELOPMENT

6 Payee address; City; State; Zip Code

1502 NORRIS DR.
AUSTIN, TX 78704

7 Amount (\$)

\$6464.34

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SERVICES, TRANSLATION SERVICES, REIMBURSEMENT OF CAMPAIGN EXPENSES (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

12/18/06

Payee name

COPY - DOCS

Payee address; City; State; Zip Code

423 CONGRESS AVE., PLAZA 10
AUSTIN, TX 78701

Amount (\$)

\$194.20

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

COPY SERVICES

(If travel outside of Texas, complete Schedule T)

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

Date

12/18/06

Payee name

STERLING'S PRINTING & COPYING

Payee address; City; State; Zip Code

435 STERLING ST.
AUSTIN, TX 78704

Amount (\$)

\$693.88

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

PRINTING OF POSTCARDS

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Payee address; City; State; Zip Code

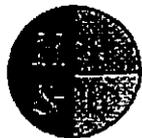
Amount (\$)

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



Hilgers Bell & Richards^{LLP}
Attorneys at Law

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Fax (512) 476-1513
www.hbrfirm.com

DATE: December 18, 2006

To:	Gail Fisher	Fax:	854-9075
From:	William B. Hilgers	Pages:	5
File #:	750.000	File Name:	East Travis Gateway Lib. District
Re:		Operator:	sn

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

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