

# 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 filers)	2 Total pages filed: <b>7</b>
3 COMMITTEE NAME <i>Two-Penny PAC</i>		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3506 Normandy Ridge Austin, TX 78738</i>		Date Received <b>APPROVED DEC 11 2009</b>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>(MR)</i> FIRST MI <i>Robert T</i> NICKNAME LAST SUFFIX <i>SALBO</i>	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 <i>3506 Normandy Ridge Austin, TX 78738</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3506 Normandy Ridge Austin, TX 78738</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 748-4916</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year      Month Day Year <i>10 / 25 / 2009</i> THROUGH      / /		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 3 / 2009</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

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GO TO PAGE 2

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

**FORM SPAC  
COVER SHEET PG 2**

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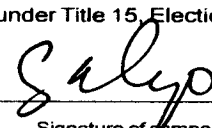
<b>12 COMMITTEE NAME</b> TWO-PENNY PAC	<b>ACCOUNT #</b> (Ethics Commission filers)
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<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER	<b>CANDIDATE / OFFICEHOLDER NAME</b>  <hr/> <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  <hr/> <b>BALLOT IDENTIFICATION / #</b> <b>ELECTION DATE</b> LTISD TAX RATIFICATION      Month      Day      Year ROOLBACK ELECTION 11 / 3 / 2009
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>DESCRIPTION</b> Support LTISD's Request for \$0.02/\$100 valuation tax increase

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS (Sch A &amp; C)</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 851.50
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES (Sch F)</b>	\$ 2,256.56
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

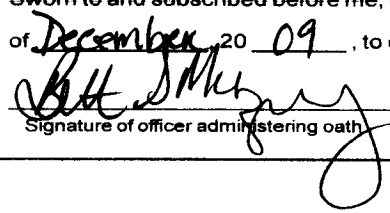
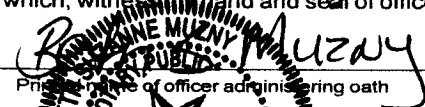
**15 AFFIDAVIT**

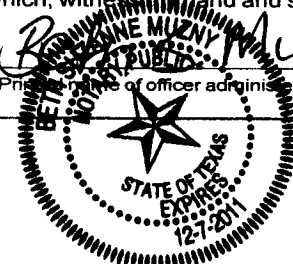
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Salge, this the 11 day of December, 2009, to certify which, witness my hand and seal of office.

            Notary  
 Signature of officer administering oath      Principal name of officer administering oath      Title of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>TWO-PENNY DAC</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/29/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>John B. &amp; Joanna R. Janecek</u>	7 Amount of contribution (\$) <u>\$ 50<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4 Crabapple Ct. Austin, TX 78738</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <u>N/A</u>	
Date <u>10/29/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Robert &amp; Laura Brewer</u>	Amount of contribution (\$) <u>\$ 367<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1610 Palisades Pointe Austin, TX 78738</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>N/A</u>	
Date <u>10/31/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Robert &amp; Tracy Henry</u>	Amount of contribution (\$) <u>\$ 50<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2912 Brittany Point Austin, TX 78738</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <u>N/A</u>	
Date <u>10/31/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Carla Swenson</u>	Amount of contribution (\$) <u>\$ 50<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>609 Eagle Austin, TX 78734</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# _____) <u>Matthew &amp; April Womack</u>	Amount of contribution (\$) <u>\$ 114.50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>126 Carefree Circle Austin, TX 78734</u>		(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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: <u>1</u>	
2 FILER NAME <u>TWO-PENNY PAC</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/26/09</u>	5 Corporation / Labor Organization name <u>LAKWAY AQUATIC THERAPY &amp; WELLNESS CENTER</u> 6 Corporation / Labor Organization address; City; State; Zip Code <u>P.O. BOX 342348 LAKWAY, TX 78734</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <u>11/25/09</u>	Corporation / Labor Organization name <u>BEN ARCHER INSURANCE AGENCY dba BEN ARCHER STATE FARM</u> Corporation / Labor Organization address; City; State; Zip Code <u>12400 W Hwy 71, Suite 330 Bee Cave, TX 78738</u>	Amount of contribution (\$) <u>\$120.00</u>	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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>TWO-PENNY PAC</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/26/09</b>	5 Payee name <b>LOWE'S HOME CENTERS, INC.</b> 6 Payee address; City; State; Zip Code <b>12611 SHOPS PARKWAY, SUITE 100 BEE CAVE, TX 78738</b>	7 Amount (\$) <b>\$ 64.91</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>materials for fabrication of large campaign signs</b> (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 <b>10/29/09</b>	Payee name <b>Opinion Analysts, Inc.</b> Payee address; City; State; Zip Code <b>906 Rio Grande St. AUSTIN, TX 78701</b>	Amount (\$) <b>\$ 93.42</b>
Purpose of payment (See instructions regarding type of information required.) <b>Procurement of phone numbers for Auto call delivery effort</b> (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 <b>11/4/09</b>	Payee name <b>TEXASINSIDER.ORG</b> Payee address; City; State; Zip Code <b>1000 BRAZOS ST., Suite 100 AUSTIN, TX 78701</b>	Amount (\$) <b>\$ 39.95</b>
Purpose of payment (See instructions regarding type of information required.) <b>Email distribution of "get out to vote" message</b> (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 <b>11/10/09</b>	Payee name <b>HEB Food-Drugs</b> Payee address; City; State; Zip Code <b>12400 Hwy 71 AUSTIN, TX 78733</b>	Amount (\$) <b>\$ 8.80</b>
Purpose of payment (See instructions regarding type of information required.) <b>Stamps for Thank-You Notes to contributors</b> (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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>TWO-PENNY PAC</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/11/09</b>	5 Payee name <b>HEB Food-Drugs</b>	7 Amount (\$) <b>\$ 7.03</b>
6 Payee address; City; State; Zip Code <b>701 Capital of Texas Hwy West Lake Hills, TX 78746</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Thank-You cards &amp; envelopes for contributors</b> <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
Date <b>11/25/09</b>	Payee name <b>Robert Salgo</b>	Amount (\$) <b>\$ 1,818.60</b>
Payee address; City; State; Zip Code <b>3506 Normandy Ridge Austin, TX 78738</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Reimbursement for procurement of campaign signs (Large &amp; yard)</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>11/30/09</b>	Payee name <b>Robert Salgo</b>	Amount (\$) <b>\$ 59.67</b>
Payee address; City; State; Zip Code <b>3506 Normandy Ridge Austin, TX 78738</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Reimbursement for copies for Lake Pointe mtg, thank-you cards &amp; five stamps</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>12/9/09</b>	Payee name <b>Robert Salgo</b>	Amount (\$) <b>\$ 164.18</b>
Payee address; City; State; Zip Code <b>3506 Normandy Ridge Austin, TX 78738</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Reimbursement for procurement of 2,403 automated calls to registered voters on Oct 29, 2009</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

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The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

1 COMMITTEE NAME

TWO - PENNY PAC

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.

*Salgo*

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 Robert Salgo, this the 11 day  
of December, 2009, to certify which, witness my hand and seal of office.

*Beth S. Muzny*  
Signature of officer administering oath

*Beth S. Muzny*  
Name of officer administering oath

*Notary*  
Title of officer administering oath

