

**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>4</b>
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3 COMMITTEE NAME  <b>TWO-PENNY PAC</b>	<b>OFFICE USE ONLY</b>
	Date Received <b>10.5.09</b> <i>uj</i>

4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3506 NORMANDY RIDGE, AUSTIN, TX 78738</b>	Date Hand-delivered or Date Postmarked
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5 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <b>ROBERT T.</b>	Receipt #	Amount
	NICKNAME LAST SUFFIX <b>SALGO</b>	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 <b>3506 NORMANDY RIDGE, AUSTIN, TX 78738</b>
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7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3506 NORMANDY RIDGE, AUSTIN, TX 78738</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 748-4916</b>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year <b>8 / 31 / 2009</b>	THROUGH	Month Day Year <b>9 / 24 / 2009</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>11 / 3 / 2009</b>	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

APPROVED OCT 05 2009

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

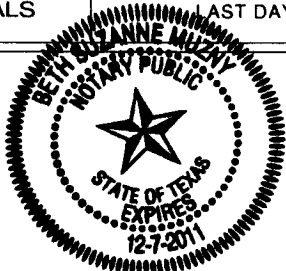
**FORM SPAC  
COVER SHEET PG 2**

<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>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> LTISD TAX RATIFICATION/ROLLBACK <sup>11</sup> / 3 / 2009
	<b>DESCRIPTION</b> Support for LTISD's request for \$0.02/\$100 valuation tax increase	<b>ELECTION DATE</b> Month Day Year

<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 (Sch A) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 600
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES (Sch F)	\$ \$ 72.46
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$ 527.54
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ — 0 —

**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.

*Salgo*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Salgo, this the 5 day of October, 20 09, to certify which, witness my hand and seal of office.

*Beth S. Muzny*  
Signature of officer administering oath

Beth S. Muzny  
Printed name of officer administering oath

Notary  
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: <del>3</del> 1/1	
2 FILER NAME <b>TWO-PENNY PAC</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/1/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Salgo &amp; Pat Sinnott</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3506 Normandy Ridge Austin, TX 78738</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) _____		10 Employer (See Instructions) _____	
Date <b>9/4/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert &amp; Laura Brewer</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1610 Palisades Pointe TX 78738</b>		(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)	
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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 1.5em;">1</span> / <span style="font-size: 1.5em;">1</span>
2 FILER NAME <span style="font-size: 1.2em;">TWO-PENNY PAC</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em;">9/8/2009</span>	5 Payee name <span style="font-size: 1.2em;">Compass Bank</span> 6 Payee address; City; State; Zip Code <span style="font-size: 1.1em;">3633 Bee Caves Rd Austin, TX 78746</span>	7 Amount (\$) <span style="font-size: 1.5em;">\$ 31.35</span>
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.1em;">check printing charge for PAC checking Account (If travel outside of Texas, complete Schedule T)</span>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">9/10/2009</span>	Payee name <span style="font-size: 1.2em;">Office Depot</span> Payee address; City; State; Zip Code <span style="font-size: 1.1em;">701 S. Capital Hwy, Suite E-500 Austin, TX 78746</span>	Amount (\$) <span style="font-size: 1.5em;">\$ 41.11</span>
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.1em;">Office supplies to conduct PAC filings, reporting and organizational (If travel outside of Texas, complete Schedule T) activities</span>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<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**