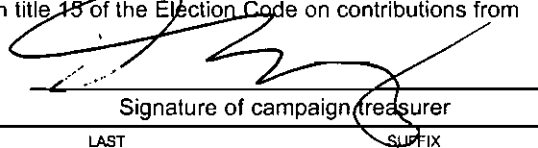


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

See STA INSTRUCTION GUIDE for detailed instructions.		1 Total pages filed:	
2 COMMITTEE NAME	Sensible Transportation Solutions for Austin		OFFICE USE ONLY 2015 OCT 5 PM 3 55 AUSTIN CITY CLERK RECEIVED
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 43, Austin, TX 78767		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dominic Chavez NICKNAME LAST SUFFIX		
Receipt #			
5 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9401 Queenswood Drive, Austin, TX 78748		HD/PM Amount Date Processed Date Processed
6 MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 43, Austin, TX 78767		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 906-9468		
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Dominic Chavez		
9 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports, and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of campaign treasurer		
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST SUFFIX		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME
Sensible Transportation Solutions for Austin

14 COMMITTEE PURPOSE	OFFICE USE ONLY
-----------------------------	-----------------

<input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
---	---

<input type="checkbox"/> SUPPORT MEASURE <input checked="" type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / # Proposition 1	ELECTION DATE Month / Day / Year 11 / 02 / 2010
DESCRIPTION 2010 City of Austin Mobility Bond Package		

15 MODIFIED REPORTING DECLARATION	<p style="text-align:center">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p style="text-align:center">**This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</p> <p style="text-align:center">**The modified reporting declaration is valid for one election cycle only. ** (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.</p> <p style="text-align:center"> _____ Year of election(s) or election cycle to which declaration applies </p> <p style="text-align:center"> _____ Signature of campaign treasurer </p>
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.

**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: 4
3 COMMITTEE NAME Sensible Transportation Solutions for Austin		OFFICE USE ONLY Date Received Date Hand-delivered Date Registered Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 43, Austin, TX 78767		AUSTIN CITY CLERK RECEIVED OCT 25 PM 12 32
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Dominic Chavez		Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9401 Queenswood Drive, Austin, TX 78748		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 43, Austin, TX 78767		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 906-9468		
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 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	Month Day Year Month Day Year 10 / 5 / 2010 THROUGH 10 / 23 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

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

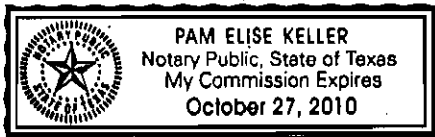
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME ACCOUNT # (Ethics Commission Filers)
Sensible Transportation Solutions for Austin

<p>13 COMMITTEE PURPOSE</p> <p>(Attach lists on plain paper to complete this report if necessary.)</p> <p><input type="checkbox"/> SUPPORT (Candidate or Measure)</p> <p><input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p>	<p><input type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICEHOLDER</p> <p><input checked="" type="checkbox"/> MEASURE</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p> <p>BALLOT IDENTIFICATION / # ELECTION DATE <small>Month Day Year</small> Proposition 1 11 / 2 / 2010</p> <p>DESCRIPTION 2010 City of Austin Mobility Bond Package</p>
---	---	---

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42,290.44
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	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.

[Handwritten Signature]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DOMINIC CHAVEZ, this the 23rd day of October, 2010, to certify which, witness my hand and seal of office.

[Handwritten Signature] Pam E. Keller Notary Public
 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 of 2	
2 FILER NAME Sensible Transportation Solutions for Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	7 Amount of contribution (\$) \$4500.00	8 In-kind contribution description (if applicable) newspaper advertising
6 Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) retired	
Date 10/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$640.00	In-kind contribution description (if applicable) newspaper advertising
Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 10/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$15,411.44	In-kind contribution description (if applicable) printing
Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 10/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$8234.00	In-kind contribution description (if applicable) newspaper advertising
Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 10/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$1500.00	In-kind contribution description (if applicable) mailing list
Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
2 of 2

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

Sensible Transportation Solutions for Austin

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael R. Levy	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/14/10	6 Contributor address; City; State; Zip Code PO Box 146, Austin, TX 78767	\$505.00	printing

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward Wendler, Jr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/10	Contributor address; City; State; Zip Code 4803 Balcones Drive, Austin, TX 78731	\$250.00	

(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# _____) James B. Skaggs	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/10	Contributor address; City; State; Zip Code 4700 Treador Drive, Austin, TX 78746	\$10,000.00	

(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# _____) Dominic Chavez	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/10	Contributor address; City; State; Zip Code 9401 Queenswood Drive, Austin, TX 78748	\$250.00	

(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# _____) John C. Lewis	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/10	Contributor address; City; State; Zip Code 1717 W. Sixth St., Austin, TX 78703 Suite 390	\$1000.00	

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 6
3 COMMITTEE NAME Sensible Transportation Solutions for Austin		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); display: inline-block;"> 011 JAN 13 5 50 RECEIVED AUSTIN CITY CLERK </div>	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE Post Office Box 43, Austin, TX 78767		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dominic Chavez NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; CITY; STATE; ZIP CODE 9401 Queenswood Drive, Austin, TX 78748		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 43, Austin, TX 78767		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 906-9468		
9 REPORT TYPE	<input checked="" 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 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 10 / 24 / 2010 THROUGH 01 / 13 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 2 / 2010		

GOTO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Sensible Transportation Solutions for Austin **ACCOUNT # (Ethics Commission Filers)**

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME _____							
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____							
	<input checked="" type="checkbox"/> MEASURE	<table border="0"> <tr> <td>BALLOT IDENTIFICATION / #</td> <td>ELECTION DATE</td> </tr> <tr> <td>Proposition 1</td> <td>Month Day Year 11 / 2 / 2010</td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td colspan="2">2010 City of Austin Mobility Bond Package</td> </tr> </table>	BALLOT IDENTIFICATION / #	ELECTION DATE	Proposition 1	Month Day Year 11 / 2 / 2010	DESCRIPTION		2010 City of Austin Mobility Bond Package
BALLOT IDENTIFICATION / #	ELECTION DATE								
Proposition 1	Month Day Year 11 / 2 / 2010								
DESCRIPTION									
2010 City of Austin Mobility Bond Package									

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 41,323.48
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DOMINIC CHAVEZ, this the 13th day of January, 2011, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Kristin Lee
Printed name of officer administering oath

Notary Public
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: 3	
2 FILER NAME Sensible Transportation Solutions for Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	7 Amount of contribution (\$) \$2246.19	8 In-kind contribution description (if applicable) signs
6 Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$2920.04	In-kind contribution description (if applicable) signs
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$3582.50	In-kind contribution description (if applicable) graphics design
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$4016.00	In-kind contribution description (if applicable) graphics design
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Clark	Amount of contribution (\$) \$2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4210 River Garden Trail, Austi, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Sensible Transportation Solutions for Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	7 Amount of contribution (\$) \$3049.50	8 In-kind contribution description (if applicable) graphics design
6 Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$933.00	In-kind contribution description (if applicable) graphics design
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$2925.00	In-kind contribution description (if applicable) signs
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Levy	Amount of contribution (\$) \$1750.00	In-kind contribution description (if applicable) signs
Contributor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 11/09/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James B. Skaggs	Amount of contribution (\$) \$6,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4700 Toreador Drive, Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Sensible Transportation Solutions for Austin

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/28/10

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

Michael R. Levy

6 Contributor address; City; State; Zip Code

Post Office Box, Austin, TX 78767

7 Amount of contribution (\$)

\$9360.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

newspaper advertising

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

11/1/10

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

Michael R. Levy

Contributor address; City; State; Zip Code

Post Office Box 146, Austin, TX 78767

Amount of contribution (\$)

\$2041.25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

graphics design

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Sensible Transportation Solutions for Austin	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date 1/13/11	5 Payee name Michael R. Levy
--------------------------	--

6 Amount (\$) \$20,000.00	7 Payee address; City; State; Zip Code Post Office Box 146, Austin, TX 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) reimbursement for in-kind contributions as disclosed in Schedule A.	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED