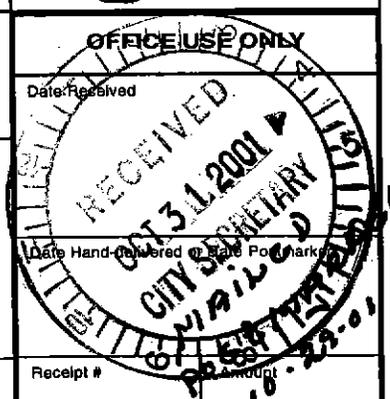


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 5
3 COMMITTEE NAME Trust for Public Land			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 116 New Montgomery St., 4th Floor San Francisco, CA 94105		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NIA NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE NIA	Receipt #	Date Hand-Delivered to State P.O. (mark)
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE NIA	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () N/A		
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 type="checkbox"/> Dissolution (attach PAC-ORI) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07 / 01 / 01	THROUGH	Month Day Year 10 / 27 / 01
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 01	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

* To report a direct expenditure on a measure under 253.097, Texas Election Code GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME TRUST FOR PUBLIC LAND

ACCOUNT #
(Ethics Commission filers)

- 13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)
- SUPPORT
- OPPOSE
- ASSIST
(officeholders only)

- CANDIDATE
- OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

- MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

Proposition 8

11 / 6 / 01

DESCRIPTION

Constitutional Amendment authorizing issuance of up to \$850 million in bonds for construction and repair

14 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 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)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,112.17

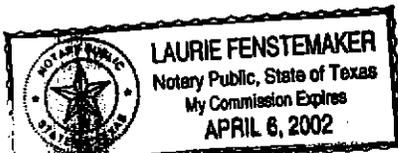
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

16 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.



Valarie Bristol
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Valarie Bristol, this the 29th day of October, 2001, to certify which, witness my hand and seal of office.

Laurie Fenstermaker
Signature of officer administering oath

Laurie Fenstermaker
Printed name of officer administering oath

Notary
Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME TRUST FOR PUBLIC LAND ACCOUNT # (Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>Proposition C -</u> ELECTION DATE <u>11 / 6 / 09</u> (Month Day Year) DESCRIPTION <u>City of Houston Park Bonds</u>

14 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN 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)	\$
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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 _____, 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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

**12 COMMITTEE
NAME**

TRUST FOR PUBLIC LAND

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**
(Attach lists on plain
paper to complete this
report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT

OPPOSE

ASSIST
(officeholders only)

MEASURE

BALLOT IDENTIFICATION / #

PROPOSITION 2

ELECTION DATE
Month Day Year

11 / 6 / 01

DESCRIPTION

Harris County Paid Bonds

**14 NO REPORTABLE
ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 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)

\$

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

16 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 _____, 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>TRUST FOR PUBLIC LAND</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>Oct 25, 2001</u>	5 Payee name <u>Paragon Printing</u> 6 Payee address; City, State; Zip Code <u>10423 McKalla Place, TX. 78758</u>	7 Amount (\$) <u>\$1,112.17</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>printing and mailing</u>		9 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.)		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.)		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.)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED