

# CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

**3546** FORM C/OH

PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.		<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: 2
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI David F. Crain NICKNAME LAST SUFFIX	OFFICE USE ONLY  DAVID F. CRAIN COUNTY CLERK TRAVIS COUNTY, TEXAS  JUL 14 2 10 PM '97 <b>FILED</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE c/o Charles O. Grigson 812 San Antonio, Suite 500 Austin, Texas 78701		
<b>5</b> CAMPAIGN TREASURER NAME	TITLE FIRST MI Charles O. Grigson NICKNAME LAST SUFFIX	Receipt # HD / PM Amount Date Processed	
<b>6</b> CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 812 San Antonio, Suite 500, Austin, Texas 78701		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 477-5791		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01 / 01 / 97          06 / 30 / 97		
<b>10</b> ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	<b>11</b> OFFICE HELD (if any) Judge, County Court at Law No. 3, Travis County, Texas	<b>12</b> OFFICE SOUGHT (if known)	
<b>13</b> DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name n/a Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
GO TO PAGE 2**

# C/OH REPORT: SUPPORT & TOTALS

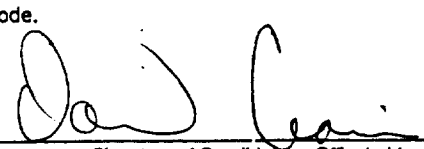
FORM C/OH  
PG 2

14 C/OH NAME David F. Crain	15 ACCOUNT #
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16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees for candidates or officeholders. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME FRIENDS OF JUDGE DAVID CRAIN  COMMITTEE ADDRESS 812 San Antonio, Suite 500, Austin, Texas 78701  COMMITTEE CAMPAIGN TREASURER NAME Charles O. Grigson  COMMITTEE CAMPAIGN TREASURER ADDRESS 812 San Antonio, Suite 500, Austin, Texas 78701	OFFICE USE

17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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CONTRIBUTION AND 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 PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	5. TOTAL POLITICAL EXPENDITURES	\$

19 AFFIDAVIT  Sworn to and subscribed before me, by the said <u>David F. Crain</u> , this the <u>14<sup>TH</sup></u> day of <u>July</u> , 19 <u>97</u> , to certify which, witness my hand and seal of office.  Signature of officer administering oath _____ Print name of officer administering oath _____	I swear, or affirm, 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 Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE  