

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. 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 type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavits below and submit pages 1 and 2 only)
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18 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)	\$ 1450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1866.83
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



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.

Valarie Bristol

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Valarie Bristol this the 15th day of July 19 97, to certify which, witness my hand and seal of office.

Sharon McKinney

Signature of officer administering oath

Sharon McKinney

Print name of officer administering oath

Secretary

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: <u>1</u>	
2 FILER NAME <u>VALARIE SCOTT BRISTOL</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>Feb. 15</u> <u>1997</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>EVELYN JO WILSON</u>	7 Amount of contribution (\$) <u>1000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5912 MOUNTAIN VILLA DR.</u> <u>AUSTIN, TX 78731</u>			
9 Principal occupation <u>ATTORNEY</u>		10 Employer (optional)	
Date <u>MAY 12</u> <u>1997</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>PHILLIP + BEVERLY SCOTT</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3406 RAIN FOREST DR.</u> <u>AUSTIN TX 78746</u>			
Principal occupation <u>AIRLINE PILOT</u>		Employer (optional)	
Date <u>June 2</u> <u>1997</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JIM NIAS</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>100 CONGRESS, Ste. 1100</u> <u>AUSTIN, TX 78701-4099</u>			
Principal occupation <u>ATTORNEY</u>		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

1 The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Principal occupation	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender 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: 2
2 FILER NAME VALARIE SCOTT BRISTOL		3 ACCOUNT # (Ethics Commission filers)
4 Date Feb. 17 1997	5 Payee name POSTMASTER 6 Payee address: City: State: Zip Code AUSTIN, TX 78716	7 Amount (\$) 40.00
Purpose of expenditure rent P.O. box		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date Feb. 22 1997	Payee name PLAINVIEW PRESS Payee address: City: State: Zip Code P.O. Box 33311 AUSTIN, TX 78764	Amount (\$) 30.00
Purpose of expenditure ad - Women's Way		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date Feb. 22 1997	Payee name AUSTIN WOMENS POLITICAL CAUCUS Payee address: City: State: Zip Code P.O. Box 12341 AUSTIN, TX 78767	Amount (\$) 50.00
Purpose of expenditure 1997 membership		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date March 9 1997	Payee name SOUTH AUSTIN DEMOCRATS Payee address: City: State: Zip Code P.O. Box 3573 AUSTIN, TX 78764	Amount (\$) 60.00
Purpose of expenditure 1997 membership		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Valarie Scott Bristol		3 ACCOUNT # (Ethics Commission files)
4 Date March 14 1997	5 Payee name South Austin Civic Club 6 Payee address: City: State: Zip Code 2044 South Lamar Austin TX. 78704	7 Amount (\$) 30.00
8 Purpose of expenditure 1997 Membership		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date May 5 1997	Payee name Alfred Stanley & Assoc. Payee address: City: State: Zip Code 1409 Hardouin Ave Austin, TX 78703	Amount (\$) 1500.00
Purpose of expenditure Fund Raising Services		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date May 16 1997	Payee name The University of Texas at Austin Payee address: City: State: Zip Code 26th + Red River Austin, TX 78701	Amount (\$) 56.83
Purpose of expenditure Travis County Bond Committee Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date June 7 1997	Payee name Austin Democratic Forum Payee address: City: State: Zip Code P.O. Box 13262 Austin, TX 78711	Amount (\$) 100.00
Purpose of expenditure 1997 Membership		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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