



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <u>Jeffrey R. Casey</u>	15 ACCOUNT # (Ethics Commission filers) -
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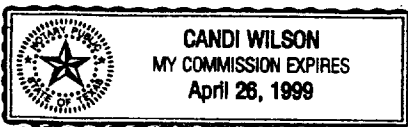
16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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 affidavit below and submit pages 1 and 2 only.)
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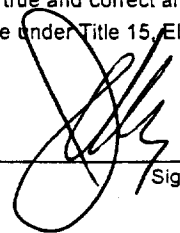
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2112.28
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 60.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,084.32
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, 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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeffrey R. Casey this the 12<sup>th</sup> day of January 1998, to certify which, witness my hand and seal of office.

Candi Wilson  
Signature of officer administering oath

Candi Wilson  
Print 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:

1

2 FILER NAME

Jeffrey R. Casey

3 ACCOUNT # (Ethics Commission filers)

-

4 Date

5 Full name of contributor

out of state PAC

Jeffrey R. Casey

7 Amount of contribution (\$)

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code

6530 Needham Ln Austin TX 78739

2,112.28

9 Principal occupation

Attorney

10 Employer (optional)

Date

Full name of contributor

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

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

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

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.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>Jeffrey R. Casey</b>		3 ACCOUNT # (Ethics Commission filers) <b>-</b>
4 Date <b>12/30/97</b>	5 Payee name <b>Travis County Republican Party</b>	7 Amount (\$) <b>800.00</b>
6 Payee address; City; State; Zip Code <b>807 Brazos, Ste 304 Austin TX 78701</b>		
8 Purpose of expenditure <b>primary filing fee</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <b>-</b> Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <b>-</b> Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <b>-</b> Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name <b>-</b> Office sought / held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Jeffrey R. Casey		3 ACCOUNT # (Ethics Commission filers) —
4 Date 12/11/97	5 Payee name Third Eye Photography 6 Payee address; City; State; Zip Code 2532 Guadalupe Austin, TX 78705	8 Amount (\$) 59.54 <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure photos for campaign literature	
Date 12/12/97	Payee name Impressions Printing Payee address; City; State; Zip Code 5000 N. Lamar Austin TX 78751	Amount (\$) 535.84 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure stationery	
Date 12/29/97	Payee name Impressions Printing Payee address; City; State; Zip Code 5000 N. Lamar Austin, TX 78751	Amount (\$) 92.01 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure stationery	
Date 12/16/97	Payee name Bristol Designs Payee address; City; State; Zip Code 4303 Far West Austin TX 78731	Amount (\$) 535.94 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure artwork for campaign literature	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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