

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

3712

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE FIRST MI
 NICKNAME LAST SUFFIX
 RICHARD MOYA

OFFICE USE ONLY
 Date Received
 TRAVIS COUNTY, TEXAS
 JAN 15 8 11 AM '98
 FILED
 CLERK
 RECEIPT
 HD / PM Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 2211 Rebel Rd
 Austin, Texas 78704
 Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE FIRST MI
 NICKNAME LAST SUFFIX
 ELLIEN NUJARRO

6 CAMPAIGN TREASURER ADDRESS
 (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 2214 Cosan Chavez
 Austin, Texas 78702

7 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 472-7077

8 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED
 Month Day Year Month Day Year
 11 / 15 / 97 THROUGH 12 / 31 / 97

10 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
 3 / 10 / 98 Primary Runoff General Special

11 OFFICE
 OFFICE HELD (if any) OFFICE SOUGHT (if known)
 N/A County Comm. Pct. 4

13 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
 Address / PO Box; Apt. / Suite #; City; State; Zip Code
 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Bars)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

Richard Moya Campaign

2211 Rebel Ro. Austin - 78704

Eileen Novanne

2214 Cesar Chavez - Austin - 78702

17 NO REPORTABLE
ACTIVITY

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

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1660.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,280.00

EXPENDITURE
TOTALS

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

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 5,209.98

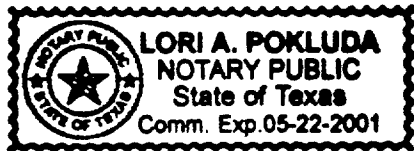
OUTSTANDING
LOAN TOTALS

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

\$ — 0 —

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.



Richard Moya
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Moya this the 14th day of January 19 98, to certify which, witness my hand and seal of office.

Lori A. Pokluda Lori A. Pokluda Notary Public
Signature of officer administering oath Print 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: <u>11</u>	
2 FILER NAME <u>RICHARD MOYA</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/27/97</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>DR. RAMON L. CARRASQUILLO</u>	7 Amount of contribution (\$) <u>\$250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3011 HATLEY DRIVE AUSTIN, TEXAS 78746</u>			
9 Principal occupation <u>SELF EMPLOYED</u>		10 Employer (optional)	
Date <u>10/27/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>PEGGY MUSSER CARRASQUILLO</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3011 HATLEY DRIVE AUSTIN, TEXAS 78746</u>			
Principal occupation		Employer (optional)	
Date <u>11/13/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>B. J. WILLIAMS</u>	Amount of contribution (\$) <u>\$1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. BOX 2157 AUSTIN, TEXAS 78768</u>			
Principal occupation		Employer (optional)	
Date <u>11/03/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>MICHAEL WHITEHURST</u>	Amount of contribution (\$) <u>\$ 20.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. BOX 636 KYLE, TEXAS 78640-0636</u>			
Principal occupation		Employer (optional)	
Date <u>11/10/97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>NINA R. SCHENCK</u>	Amount of contribution (\$) <u>\$ 40.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2001 BOWMAN AVENUE AUSTIN, TEXAS 78703</u>			
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME <i>RICHARD MOYA</i>			3 ACCOUNT # (Ethics Commission files)	
4 Date <i>11/4/97</i>	5 Full name of contributor <i>MIGUEL GUERRERO</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>802 SOUTH FIRST ST. - BLDG. #210 AUSTIN, TEXAS 78704</i>				
9 Principal occupation		10 Employer (optional)		
Date <i>11/2/97</i>	Full name of contributor <i>CHARLES R. SCHOTZ</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>6300 NICKLAUS PL. AUSTIN, TEXAS 78746</i>				
Principal occupation		Employer (optional)		
Date <i>11/4/97</i>	Full name of contributor <i>GABRIEL GUTIERREZ, JR.</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>61 NORTH IH35 AUSTIN, TEXAS 78702</i>				
Principal occupation		Employer (optional)		
Date <i>11/3/97</i>	Full name of contributor <i>RUDY REYES</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>RT. 2, BOX 2769 CEDAR CREEK, TEXAS 78612</i>				
Principal occupation		Employer (optional)		
Date <i>11/26/97</i>	Full name of contributor <i>JOHN J. CANTU</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$140.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>6410 S. MEADOWS BLVD. AUSTIN, TEXAS 78745</i>				
Principal occupation		Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>11/24/97</i>	5 Full name of contributor <i>C.D. SAWYER, JR.</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6800 AIRPORT BLVD. AUSTIN, TEXAS 78752</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <i>SHENG TING CHEN</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>906 N. WESTON LANE AUSTIN, TEXAS 78733</i>			
Principal occupation		Employer (optional)	
Date <i>11/14/97</i>	Full name of contributor <i>HENRY H. GILMORE</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11105 S. BAY LANE AUSTIN, TEXAS 787</i>			
Principal occupation		Employer (optional)	
Date <i>11/7/97</i>	Full name of contributor <i>H. A. GUERRERO</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2313 SOUTH FIRST ST. AUSTIN, TEXAS 78704</i>			
Principal occupation		Employer (optional)	
Date <i>11/12/97</i>	Full name of contributor <i>M. S. ROBERTS</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2007 HEADWATER LANE AUSTIN, TEXAS 78744</i>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/24/97</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>RUDY S. DAVILA</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>704 BATTLE BEND BLVD. AUSTIN, TEXAS 78745</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>FRANK FLORES</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3209 BASTROP HWY. DEL VALLE, TEXAS 78617</i>			
Principal occupation		Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>PATRICIA A. SHIPTON</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1401 No. 3 HARTFORD ROAD AUSTIN, TEXAS 78703</i>			
Principal occupation		Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>DOUG STRINGFELLOW</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7302 CAVE HOLLOW AUSTIN, TEXAS 78750</i>			
Principal occupation		Employer (optional)	
Date <i>11/23/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>PHILIP GUTIERREZ</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8127 MESA DRIVE [REDACTED] AUSTIN, TEXAS 78759</i>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission files)

4 Date

11/24/97

5 Full name of contributor

ANTONIO WEHNES

out of state PAC

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1602 E. 7th ST.

AUSTIN, TEXAS

78702

9 Principal occupation

10 Employer (optional)

Date

11/21/97

Full name of contributor

ABDON IBARRA JR.

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

400 EL SECRETO

BUDA, TEXAS

78610

Principal occupation

Employer (optional)

Date

11/6/97

Full name of contributor

DORA DAVILA

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2237 E. RIVERSIDE DRIVE

AUSTIN, TEXAS

78741

Principal occupation

Employer (optional)

Date

11/24/97

Full name of contributor

ROSALINDA HERNANDEZ

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4509 ELANA CT.

AUSTIN, TEXAS

78741

Principal occupation

Employer (optional)

Date

11/23/97

Full name of contributor

RUBEN E. GARCIA

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

107 HAGUE ST.

HUTTO, TEXAS

78634

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission files)

4 Date

11/24/97

5 Full name of contributor

HILDA A. GALAVIZ

out of state PAC

7 Amount of contribution (\$)

\$10.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1805 HOLLY HILL
AUSTIN, TEXAS 78746*

9 Principal occupation

10 Employer (optional)

Date

11/24/97

Full name of contributor

DIANNE M. GALAVIZ

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*9003 WAGTAIL DRIVE
AUSTIN, TEXAS 78748*

Principal occupation

Employer (optional)

Date

11/24/97

Full name of contributor

REBECCA J. COBOS

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1781 SPYGLASS No. 279
AUSTIN, TEXAS 78746*

Principal occupation

Employer (optional)

Date

11/24/97

Full name of contributor

JULIAN VERA

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1011 W. MONROE
AUSTIN, TEXAS 78704*

Principal occupation

Employer (optional)

Date

11/24/97

Full name of contributor

AURORA SANCHEZ

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5508-A BUFFALO PASS
AUSTIN, TEXAS 78745*

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/24/97</i>	5 Full name of contributor <i>SISTO RAMIREZ</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$10.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>809 PRESSLER AUSTIN, TEXAS 78703</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <i>TERESA RABAGO</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>612 W. JOHANNA ST. AUSTIN, TEXAS 78704</i>			
Principal occupation		Employer (optional)	
Date <i>11/11/97</i>	Full name of contributor <i>YOLANDA RAMOS</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1316 BROADMOOR AUSTIN, TEXAS 78723</i>			
Principal occupation		Employer (optional)	
Date <i>11/19/97</i>	Full name of contributor <i>BERTHA GAONA</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5510 WOODVIEW AUSTIN, TEXAS</i>			
Principal occupation		Employer (optional)	
Date <i>11/7/97</i>	Full name of contributor <i>DELLA GARCIA-URBAN</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7516 SAINT PHILLIP ST. AUSTIN, TEXAS 78757</i>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/10/97</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>EVA F. DAVILA</i>	7 Amount of contribution (\$) <i>\$10.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>P.O. Box 12815 AUSTIN, TEXAS 78711-2815</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>11/20/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>YOLANDA MEZA</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>610 N. AVENUE H. ELGIN, TEXAS 78621</i>			
Principal occupation		Employer (optional)	
Date <i>11/07/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>STELLA M. BRITTNACHER</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>8401 FRANWOOD LANE AUSTIN, TEXAS 78757</i>			
Principal occupation		Employer (optional)	
Date <i>11/6/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>JOHN E. RAMOS</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5214 EMERALD MEADOW DRIVE AUSTIN, TEXAS 78745</i>			
Principal occupation		Employer (optional)	
Date <i>11/16/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>ALICIA A. RANZAU</i>	Amount of contribution (\$) <i>\$20.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>7604 PEBBEL BROOK COVE AUSTIN, TEXAS 78752</i>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/17/97</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>SELMA S. NAVARRO</i>	7 Amount of contribution (\$) <i>\$ 20.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8521 NEW HAMPSHIRE DRIVE AUSTIN, TEXAS 78758</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>SAMUEL J. SEGURA</i>	Amount of contribution (\$) <i>\$ 20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6906 LABELLE DRIVE AUSTIN, TEXAS 78752</i>			
Principal occupation		Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>HILDA YVETTE GARZA</i>	Amount of contribution (\$) <i>\$ 20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1500 FARO DRIVE, NO. 922 AUSTIN, TEXAS 78741</i>			
Principal occupation		Employer (optional)	
Date <i>11/24/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>JAMES L. HARGROVE</i>	Amount of contribution (\$) <i>\$ 20.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10200 TREASURE ISLAND DR. AUSTIN, TEXAS 78730</i>			
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)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission files)	
4 Date 12-7-97	5 Full name of contributor <input type="checkbox"/> out of state PAC GLORIA M. ASTRAN	7 Amount of contribution (\$) \$ 20⁰⁰-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2325 ROCKRIDGE AUSTIN, TX 78744			
9 Principal occupation		10 Employer (optional)	
Date 12-18-97	Full name of contributor <input type="checkbox"/> out of state PAC JAMES L. HARGROVE	Amount of contribution (\$) \$ 100⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10200 TREASURE ISLAND DR. AUSTIN, TX 78730			
Principal occupation		Employer (optional)	
Date 12-12-97	Full name of contributor <input type="checkbox"/> out of state PAC MARIA LUISA CANCHOLA	Amount of contribution (\$) \$ 50⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1900 EAST SIDE DR. AUSTIN, TX 78704			
Principal occupation		Employer (optional)	
Date 11-21-97	Full name of contributor <input type="checkbox"/> out of state PAC MICHAEL R. KNIGHT	Amount of contribution (\$) \$ 20⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 ALLISON CU. ELGIN, TX 78621			
Principal occupation		Employer (optional)	
Date 12-1-97	Full name of contributor <input type="checkbox"/> out of state PAC SANTIAGO SOTO	Amount of contribution (\$) \$ 100⁰⁰-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 88 CHALMERS AUSTIN, TX 78702			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-17-97</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>CARMELO L. MACIAS</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>5410 S. FIRST ST AUSTIN, TX 78745</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>12-17-97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>GILBERTO S. OLANAS</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>13805 PANORAMA DR. AUSTIN, TX 78732</i>			
Principal occupation		Employer (optional)	
Date <i>12-17-97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>GEORGE YONGE</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>40 1435 N., No. TH 4 AUSTIN, TX 78701</i>			
Principal occupation		Employer (optional)	
Date <i>11-26-97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>GABRIEL GUTIERREZ</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>7932 WHEEL RIM CIRCLE AUSTIN, TX 78749</i>			
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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12-19-97

ACE PRINTING SVC.

6 Payee address; City; State; Zip Code

**P.O. BOX 13522
AUSTIN, TEXAS - 78711**

2,219.12

8 Purpose of expenditure

SIGNS -

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

12-3-97

TRAVIS COUNTY DEMO. PARTY

Payee address; City; State; Zip Code

**1905 NO. LAMAR BLVD
AUSTIN - TEXAS - 78705**

1,000.00

Purpose of expenditure

Filing Fee

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

12-4-97

PEACH FOOD MART

Payee address; City; State; Zip Code

**2101 So. 1st ST
AUSTIN, TEXAS - 78704**

400.00

Purpose of expenditure

RENT - 2101 So. 1st - G

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

12-4-97

HISPANIC IMPACT MAGAZINE

Payee address; City; State; Zip Code

140.00

Purpose of expenditure

Campaign - Ad

-- 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: <u>2</u>
2 FILER NAME <u>RICHARD MOYA</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12-12-97</u>	5 Payee name <u>Rodriguez Graphic Design</u>	7 Amount (\$) <u>287.94</u>
6 Payee address; City; State; Zip Code <u>5414 Overbrook Austin, Tex-78723</u>		
8 Purpose of expenditure <u>Signs</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <u>12-19-97</u>	Payee name <u>Alamo Printing</u>	Amount (\$) <u>674.21</u>
Payee address; City; State; Zip Code <u>1308 E. 51st Street Austin, Texas-78723</u>		
Purpose of expenditure <u>Campaign Literature</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <u>12-28-97</u>	Payee name <u>Texas Printing</u>	Amount (\$) <u>488.21</u>
Payee address; City; State; Zip Code <u>1209 Cosan Chavez Austin, Texas-78702</u>		
Purpose of expenditure <u>Campaign Literature</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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