

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3723

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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Judge Bill
NICKNAME LAST SUFFIX
ALeshire

OFFICE USE ONLY

Date Received

Jan 15, 1998

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*1205 Summit St.
Austin, TX 78741*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Jim
NICKNAME LAST SUFFIX
Moreno

Receipt #

HD / PM

Date Processed

Date Imaged

FILED
JAN 15 1998
4 49 PM '98
TRAVIS COUNTY TEXAS

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1205 Summit St Austin TX 78741

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 444 7668

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 THROUGH Month Day Year
7 / 1 / 97 THROUGH 12 / 31 / 97

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

11 OFFICE

OFFICE HELD (if any)

County Judge

12 OFFICE SOUGHT (if known)

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

Bill Aleshiee

15 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,000⁹⁴*

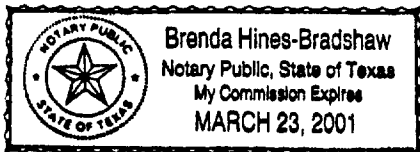
OUTSTANDING LOAN TOTALS

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.



Bill Aleshiee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Bill Aleshiee*, this the *15* day of *January* 19*98*, to certify which, witness my hand and seal of office.

Brenda Hines-Bradshaw
Signature of officer administering oath

Brenda Hines-Bradshaw
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 2

2 FILER NAME

Bill ALESHIRE

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/97	5 Payee name <i>A T + T wireless</i>	8 Amount (\$) 109.36
	6 Payee address; City; State; Zip Code <i>8620 Burnet Rd #122 Austin TX 78757</i>	
	7 Purpose of expenditure <i>Mobile Phone</i>	

Reimbursement from political contributions intended

Date 8/97	Payee name <i>A T + T wireless</i>	Amount (\$) 130.82
	Payee address; City; State; Zip Code <i>8620 Burnet Rd #122 Austin TX 78757</i>	
	Purpose of expenditure <i>Mobile Phone</i>	

Reimbursement from political contributions intended

Date 9/97	Payee name <i>A T + T wireless</i>	Amount (\$) 111.23
	Payee address; City; State; Zip Code <i>8620 Burnet Rd #122 Austin TX 78757</i>	
	Purpose of expenditure <i>Mobile Phone</i>	

Reimbursement from political contributions intended

Date 10/97	Payee name <i>A T + T wireless</i>	Amount (\$) 121.24
	Payee address; City; State; Zip Code <i>8620 Burnet Rd #122 Austin TX 78757</i>	
	Purpose of expenditure <i>Mobile Phone</i>	

Reimbursement from political contributions intended

Date 11/97	Payee name <i>A T + T wireless</i>	Amount (\$) 198.23
	Payee address; City; State; Zip Code <i>8620 Burnet Rd #122 Austin TX 78757</i>	
	Purpose of expenditure <i>Mobile Phone</i>	

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

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

2 OF 2

2 FILER NAME

Bill Alshire

3 ACCOUNT # (Ethics Commission Ders)

4 Date

12/9/97

5 Payee name

AT & T Wireless

6 Payee address: City: State: Zip Code

8620 Burnet Rd #122
Austin, TX 78757

8 Amount (\$)

79.86

7 Purpose of expenditure

Mobile phone

Reimbursement from political contributions intended

Date

12/2/97

Payee name

U.S. Postmaster

Payee address: City: State: Zip Code

8225 Cross Park
Austin, TX 78754

Amount (\$)

131.20

Purpose of expenditure mailing to Democrats regarding upcoming county judge + commissioners elections.

Reimbursement from political contributions intended

Date

12/1/97

Payee name

Kinko's

Payee address: City: State: Zip Code

121 E. 6th
Austin, TX 78701

Amount (\$)

119.00

Purpose of expenditure mailing to Democrats regarding upcoming county judge + commissioners elections.

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED