



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

JOSEPH L. BERGERON

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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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 \$ /

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

EXPENDITURE  
TOTALS

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

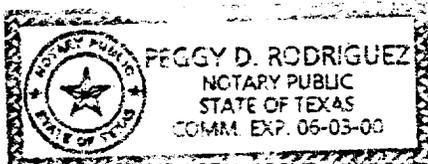
4. TOTAL POLITICAL EXPENDITURES \$ 800 <sup>00</sup> ~~00~~

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.



Joseph L. Bergeron  
Signature of Candidate or Officeholder

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

Peggy D. Rodriguez Signature of officer administering oath  
Peggy D. Rodriguez Print name of officer administering oath  
Notary 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

2 FILER NAME

JOSEPH L. BERGERON

3 ACCOUNT # (Ethics Commission filers)

4 Date  
12-31-97

5 Payee name  
Republican Party

6 Payee address; City; State; Zip Code  
211 E 1st Austin TX 78701

8 Amount (\$)  
  
 Reimbursement from political contributions intended

7 Purpose of expenditure  
Filing Fee

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

Date

Payee name  
Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)  
  
 Reimbursement from political contributions intended

FILED  
JAN 15 12 01 PM '98  
CLERK  
TRAVIS COUNTY, TEXAS

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

