

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3739

## 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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI

**ELISA A.**

NICKNAME LAST SUFFIX

**ANGEL**

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

**4411 SPICEWOOD SPRINGS RD. #1702  
AUSTIN, TX 78759**

Change of Address

FILED  
JAN 15 3 08 PM '98  
DANIEL S. ELLIOTT  
CLERK  
TRAVIS COUNTY, TEXAS

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

**KERRY**

NICKNAME LAST SUFFIX

**HARDY**

Receipt #

HD / PM

Amount

Date Processed

Date Uploaded

6 CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

**6002 IRONWOOD COVE  
AUSTIN, TX 78759**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

**(512) 345-6974**

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

**08 / 29 / 97 THROUGH 12 / 31 / 97**

10 ELECTION

ELECTION DATE

Month Day Year

**03 / 10 / 98**

ELECTION TYPE

- Primary
- Runoff
- General
- Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

**Justice of the Peace, Precinct 2**

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME ELISA A. ANGEL 15 ACCOUNT # (Ethics Commission Bers)

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

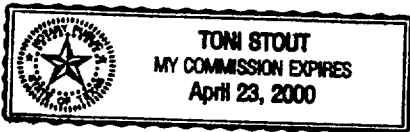
17 NO REPORTABLE ACTIVITY

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	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1180.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 817.95
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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Lou Stout*  
NOTARY

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME ELISA A. ANGEL		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/12/97	5 Full name of contributor MARTHA P. ROGERS <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1026 16 <sup>th</sup> Street, NW # 802 WASHINGTON DC 20036			
9 Principal occupation		10 Employer (optional)	
Date 9/15/97	Full name of contributor CAROL F. KALEY <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 853 VANDERBILT RD. NO 252 NAPLES, FL 34108			
Principal occupation		Employer (optional)	
Date 9/18/97	Full name of contributor BERNICE B. PURCELL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7027 WOOD RIDGE DR. HOUSTON, TX 77087			
Principal occupation		Employer (optional)	
Date 9/20/97	Full name of contributor PATRICIA A. ANGEL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4002 PARAGUAY CER. PASADENA, TX 77504			
Principal occupation		Employer (optional)	
Date 12/3/97	Full name of contributor ELISA A. ANGEL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4411 SPICEWOOD SPRINGS #1702 AUSTIN, TX 78759			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instructions with...

# 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 ELISA A. ANGEL		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/5/97	5 Full name of contributor CLARK KENT ERVIN <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4411 Spicewood Springs Rd # 2809 AUSTIN, TX 78759			
9 Principal occupation		10 Employer (optional)	
Date 12/7/97	Full name of contributor CHRISTINA A. ANGEL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4002 PARAGUAY CIR. PASADENA, TX 77504			
Principal occupation		Employer (optional)	
Date 12/7/97	Full name of contributor BERNICE B. PURCELL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7027 WOODRIDGE DR. HOUSTON, TX 77087			
Principal occupation		Employer (optional)	
Date 12/9/97	Full name of contributor ALYCE DIAZ <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1006 Banister Lane #520 AUSTIN, TX 78704			
Principal occupation		Employer (optional)	
Date 12/29/97	Full name of contributor THAO LE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2210 BISHOP DRIVE GRAND PRAIRE, TX 75050			
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instructions...

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>ELISA A. ANGEL</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/5/97</b>	5 Payee name <b>TRAVIS COUNTY REPUBLICAN PARTY</b>	7 Amount (\$) <b>\$800.00</b>
6 Payee address; City; State; Zip Code <b>1300 W. KOENIG LN. # 103 AUSTIN, TX 78756-1412</b>		
8 Purpose of expenditure <b>Filing fee</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>12/8/97</b>	Payee name <b>OFFICE DEPOT</b>	Amount (\$) <b>\$17.95</b>
Payee address; City; State; Zip Code <b>8752 RESEARCH BLVD. AUSTIN, TX 78758</b>		
Purpose of expenditure <b>office supplies</b>		-- 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
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