

# CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

**3745** 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: <b>4</b>
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3 CANDIDATE/ OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	JAN 15 3 34 PM '98 FILED CLERK COUNTY CLERK TRAVIS COUNTY, TEXAS	

ROBERT A.  
BOB LARSON

4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE
	<input type="checkbox"/> Change of Address 1803-B W. 35th St. AUSTIN, TX 78703				

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	HD / PM
	Date Processed			

SUNNY RHODES  
 Amount  
 Jan 15, 1998

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #,	CITY,	STATE,	ZIP CODE
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6506 MESA DR.  
AUSTIN, TX 78731

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 345-3204

8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
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9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
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12/31/97 THROUGH 12/31/97

10 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General

3/10/98    Primary

11 OFFICE	12 OFFICE SOUGHT (if known)
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OFFICE HELD (if any)  
 COMMISSIONER, 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

**GOTOPAGE2**

# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM COH COVER SHEET PG 2

14 COH NAME

*BOB LARSON*

15 ACCOUNT # (Ethics Commission files)

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 NOREPORTABLE 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

\$ *1,000.00*

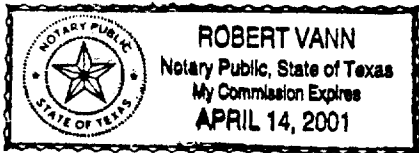
OUTSTANDING LOAN TOTALS

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

\$ *1,000.00*

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Bob Larson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Allan Larson this the 15 day of JANUARY 19 98, to certify which, witness my hand and seal of office.

*Robert Vann*  
Signature of officer administering oath

Robert VANN  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <p style="text-align:center">1</p>
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2 FILERNAME <p style="text-align:center">BOB LARSON</p>	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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6 Date of loan <p style="text-align:center">12/31/97</p>	7 Name of lender <input type="checkbox"/> out of state PAC <p style="text-align:center">ROBERT A. LARSON (SELF)</p>	9 Loan Amount (\$) <p style="text-align:center">1,000.00</p>
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6 Is lender a financial Institution? <p style="text-align:center">Y    <input checked="" type="radio"/> N</p>	8 Lender address;    City;    State;    Zip Code <p style="text-align:center">5007 PACELL PATH AUSTIN, TX 78744</p>	10 Interest rate <p style="text-align:center">0%</p>
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11 Maturity date <p style="text-align:center">NONE</p>
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12 Description of Collateral <input checked="" type="checkbox"/> none
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13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
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Is lender a financial Institution? <p style="text-align:center">Y    N</p>	Lender address;    City;    State;    Zip Code	Interest rate
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Maturity date
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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: <u>1</u>
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2 FILERNAME <u>BOB LARSON</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>12/31/97</u>	5 Payee name <u>TRAVIS COUNTY REPUBLICAN PARTY</u>	7 Amount (\$) <u>1,000.00</u>
6 Payee address: <u>807 BRAZOS, SUITE 304</u> <u>AUSTIN, TX 78701</u>		

8 Purpose of expenditure <u>FILING FEE</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought / held _____
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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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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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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED