

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3766 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: 6	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI KATHERINE ANN	OFFICE USE ONLY FILED JAN 15 4 59 PM '98 BARBARA W. STOKES FOR CLERK TRAVIS COUNTY, TEXAS			
	NICKNAME LAST SUFFIX "ANN GRAHAM" GRAHAM (CRAVAT)				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6204 Lost Creek Circle Austin TX 78746				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI KATHERINE ANN	Receipt #			
	NICKNAME LAST SUFFIX "ANN GRAHAM" GRAHAM (CRAVAT)	HD / PM	Amount		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6204 Lost Creek Circle Austin TX 78746		Date Processed		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
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)				
9 PERIOD COVERED	Month Day Year 12 / 12 / 97	THROUGH	Month Day Year 12 / 31 / 97		
10 ELECTION	ELECTION DATE Month Day Year 3 / 10 / 98		ELECTION TYPE		
			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) TRAVIS COUNTY COMMISSIONER PCT. 3			
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME "ANN GRAHAM" KATHERINE ANN GRAHAM (CRAVATT) 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** 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. **

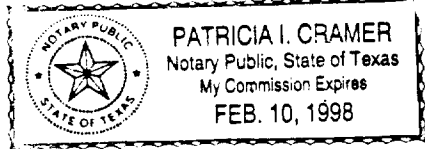
17 NO REPORTABLE ACTIVITY

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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 50.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 156.55
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Katherine Ann Graham

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ann Graham, this the 15 day of January 1998, to certify which, witness my hand and seal of office.

Patricia I. Cramer

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
PAGE ONE

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME "ANN GRAHAM" KATHERINE ANN GRAHAM (CRAVAT)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/19/97	5 Full name of contributor MINA CLARK <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 45 Sundown Pkwy AUSTIN, TX 78746			
9 Principal occupation Attorney		10 Employer (optional)	
Date 12/22/97	Full name of contributor THOMAS M. POLLAN <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2908 Dover Place Austin, TX 78757			
Principal occupation Attorney		Employer (optional)	
Date 12/27/97	Full name of contributor MARVIN + SARA ROSCOE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3727 Lost Creek Blvd. 78735 Austin, TX			
Principal occupation Professor - College		Employer (optional)	
Date 12/29/97	Full name of contributor DODD + BATLA <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 Brazos, Suite 1400 Austin, TX 78701			
Principal occupation Attorneys		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
PAGE TWO

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: (2)	
2 FILER NAME "ANN GRAHAM" KATHERINE ANN GRAHAM (CRAVATI)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/30/97	5 Full name of contributor MR + MRS. O. B. GRAHAM <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 704 W. WHEELER BRECKENRIDGE, TX 76424			
9 Principal occupation Retired Teachers		10 Employer (optional)	
Date 12/31/97	Full name of contributor JANIS REINKEN <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6114 Rickey Drive AUSTIN, TX 78711			
Principal occupation Attorney		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)	
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)	
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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

①

2 FILER NAME

"ANN GRAHAM"

KATHERINE ANN GRAHAM (RAVATI)

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/30

5 Payee name

COMPASS BANK

7 Amount (\$)

\$ 13.80

6 Payee address; City; State; Zip Code

1 Gejo Ctr., 1250 CAP OF TX. HWY. S.

AUSTIN, TX 78746

8 Purpose of expenditure

CHECK ORDER FOR
CAMPAIGN ACCOUNT9 .. 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

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

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:

1

2 FILER NAME

"ANN GRAHAM" KATHERINE ANN GRAHAM (CRAVATT)

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/14

5 Payee name

OFFICE MAX

6 Payee address; City; State; Zip Code

5451 N IH 35
AUSTIN, TX 78723

8 Amount (\$)

\$ 10.75

7 Purpose of expenditure

CANDIDATE NAMETAG

Reimbursement from political contributions intended

Date

12/15

Payee name

U.S. POSTAL SERVICE

Payee address; City; State; Zip Code

3217 Bee Caves Rd. AUSTIN, TX 78746

Amount (\$)

\$ 32.00

Purpose of expenditure

CAMPAIGN P.O. BOX

Reimbursement from political contributions intended

Date

12/22

Payee name

MARSHA MITCHELL

Payee address; City; State; Zip Code

4507 Dorset Oaks Circle
Austin, TX 78727

Amount (\$)

\$ 50.00

Purpose of expenditure

Campaign Manager Fee

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