

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3813

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
Jeffrey R
NICKNAME LAST SUFFIX
Jeff Casey

OFFICE USE ONLY

FILED
FEB 9 10 42 AM '98
COUNTY CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6530 Needham Ln
Austin TX 78739

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Lisa K
NICKNAME LAST SUFFIX
Casey

Receipt #

HD / PM Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6530 Needham Ln
Austin TX 78739

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 288-0998

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
1 / 1 / 98 THROUGH 1 / 29 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 10 / 98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Justice of the Peace, Prec 3

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 Jeffrey R. Casey 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

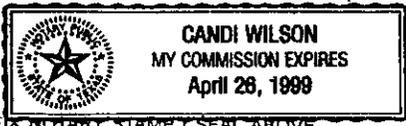
17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 21.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,412.54
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.

[Signature]
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me, by the said Jeffrey R. Casey this the 9th day of February, 19 98, to certify which, witness my hand and seal of office.

Candi Wilson Signature of officer administering oath
Candi Wilson Print name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1/10/98</u>	5 Full name of contributor <u>Jerry Jones</u> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <u>100 -</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5852 Back Bay Austin TX 78739</u>			
9 Principal occupation <u>Sales</u>		10 Employer (optional)	
Date <u>1/13/98</u>	Full name of contributor <u>Gerald Daugherty</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100 -</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1115 Elm Austin TX 78703</u>			
Principal occupation		Employer (optional)	
Date <u>1/17/98</u>	Full name of contributor <u>Diane Strickland</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100 -</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4014 Galacia Austin TX 78759</u>			
Principal occupation <u>real estate</u>		Employer (optional)	
Date <u>1/15/98</u>	Full name of contributor <u>Archie Carl Pierce</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100 -</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>221 W. 6th, Ste 1800 Austin, TX 78701</u>			
Principal occupation <u>adv</u>		Employer (optional)	
Date <u>1/4/98</u>	Full name of contributor <u>Susan Kirby</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3829 Davids Place NW #5 Washington, DC 20007</u>			
Principal occupation <u>Admin. Asst.</u>		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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Jeffrey R. Casey		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/14/98	5 Payee name Bristol Design 6 Payee address; City; State; Zip Code 4303 Far West Austin, TX 78731	7 Amount (\$) 191.24
8 Purpose of expenditure sign design		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/8/98	Payee name Impressions Printing Payee address; City; State; Zip Code 5000 N. Lamar Austin, TX 78751	Amount (\$) 428.67
Purpose of expenditure campaign literature		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/5/98	Payee name Bristol Design Payee address; City; State; Zip Code 4303 Far West Austin, TX 78731	Amount (\$) 308.40
Purpose of expenditure literature design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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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

Jeffrey R. Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/26/98</u>	5 Payee name <u>ComphSA</u>	8 Amount (\$) <u>\$ 108.24</u>
	6 Payee address; City; State; Zip Code <u>9503 Research #300 Austin TX 78759</u>	
	7 Purpose of expenditure <u>mailing software</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/12/98</u>	Payee name <u>Personal Service Company</u>	Amount (\$) <u>1,300.00</u>
	Payee address; City; State; Zip Code <u>1127 S. Grand St. Springfield, IL 62708</u>	
	Purpose of expenditure <u>Printing</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/15/98</u>	Payee name <u>Office Max</u>	Amount (\$) <u>54.86</u>
	Payee address; City; State; Zip Code <u>5400 Brodie Austin TX 78745</u>	
	Purpose of expenditure <u>copies and supplies</u>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED