Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3815

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:

OFFICE USE ONLY

Date Received

FILED
FEB 9 11 14 AM '98
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

| | | | | | |
|---|---|---|---|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE: Mr. | FIRST: Albert | MI: W. | | |
| | NICKNAME: Al | LAST: Holmes | SUFFIX: | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address | ADDRESS / PO BOX: 3202 El Toro Cove | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78746 |
| 5 CAMPAIGN TREASURER NAME | TITLE: Mr. | FIRST: Albert | MI: W. | | |
| | NICKNAME: "AL" | LAST: Holmes | SUFFIX: | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): 3202 El Toro Cove | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78746 |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE: ( 512 ) | PHONE NUMBER: 451-6221 | EXTENSION: | | |

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

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: 01 / 01 / 98 THROUGH Month / Day / Year: 01 / 29 / 98

10 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 10 / 98

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): None

12 OFFICE SOUGHT (if known): County Commissioner, 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

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Albert "AL" Holmes

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. ••

| COMMITTEE TYPE | COMMITTEE NAME |
|---|---|
| ☐ GENERAL | COMMITTEE ADDRESS |
| ☐ SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| ☐ additional pages | 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) | $ 3600.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ |
| | 4. TOTAL POLITICAL EXPENDITURES | $ 2963.57 |
| 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.

NOTARY PUBLIC STATE OF TEXAS
TRACEY GLOVER
Notary Public, State of Texas
My Commission Expires
SEPT. 15, 1998

Albert W. Holmes
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert W. Holmes, this the 5th day of Feb. 1998, to certify which, witness my hand and seal of office.

Tracey Glover Tracey Glover Notary Public

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# 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: Albert W. "AL" Holmes

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out of state PAC<br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Ken Aune<br>40 Sundown Parkway<br>Austin, TX 78746 | 250.00 | |

9 Principal occupation: Poultry Business

10 Employer (optional)

| Date | Full name of contributor ☐ out of state PAC<br>Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Truman Breed<br>718 W. 29th<br>Austin, TX 78705 | 250.00 | |

Principal occupation: Retailer

Employer (optional)

| Date | Full name of contributor ☐ out of state PAC<br>Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Ewell Muse<br>5802 Kentucky Derby<br>Austin, TX 78746 | 100.00 | |

Principal occupation: Retired Oil & Gas

Employer (optional)

| Date | Full name of contributor ☐ out of state PAC<br>Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Ray Black<br>710 Pershing Hwy.<br>Smackover, AZ 71762 | 500.00 | |

Principal occupation: Retired

Employer (optional)

| Date | Full name of contributor ☐ out of state PAC<br>Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Warren Harmon<br>P. O. Box 452<br>Bryan, TX 77805 | 500.00 | |

Principal occupation: Real Estate

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.

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2 FILER NAME: Albert W. "AL" Holmes

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Sam Wilson<br>5305 Western Hills Drive<br>Austin, TX 78731 | 1000.00 | |

9 Principal occupation: Retired

10 Employer (optional):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Jerry Nickens<br>6002 Ascot Cove<br>Austin, TX 78746 | 100.00 | |

Principal occupation: Retired

Employer (optional):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Conde Cox<br>4 Little Bend<br>Austin, TX 78746 | 50.00 | |

Principal occupation: Attorney

Employer (optional):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Martin Allday<br>600 Congress Ave., Ste. 1500<br>Austin, TX 78701 | 150.00 | |

Principal occupation: Attorney

Employer (optional):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | | | |

Principal occupation:

Employer (optional):

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2 FILER NAME: Albert W. "AL" Holmes

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | Art Shepperd<br>3405 Bridle Path<br>Austin, TX 78703 | 100.00 | |

9 Principal occupation: CPA

10 Employer (optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Will Lee<br>P. O. Box 160171<br>Austin, TX 78716 | 200.00 | |

Principal occupation: Retirement Homes

Employer (optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | J. P. Cummings<br>5610 Palisade Court<br>Austin, TX 78731 | 100.00 | |

Principal occupation: Retired S & L Owner

Employer (optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | James Raper<br>3117 Ski Shores<br>Austin, TX 78730 | 200.00 | |

Principal occupation: Insurance

Employer (optional)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | Conrad Werkenthin<br>3205 Bowman<br>Austin, TX 78703 | 100.00 | |

Principal occupation: Attorney

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Albert W. "AL" Holmes

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| | Bill Carlon<br>P. O. Box 162644, Austin, TX 78716 | 1500.00 |

8 Purpose of expenditure
Campaign Consulting

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name
Office sought / held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | City Stamp & Seal<br>1308 A West Anderson Lane Austin, TX 78757 | 5.25 |

Purpose of expenditure
Rubber Stamp

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name
Office sought / held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Check Mark Printing<br>3217 N IH 35 Austin, TX 78722 | 278.20 |

Purpose of expenditure
Graphics Design & Printing of Campaign Material

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name
Office sought / held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Office Depot<br>2101 South Lamar Austin, TX 78704 | $6.47 |

Purpose of expenditure
Campaign Stationery

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name
Office sought / held

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