

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3821

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:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
HANK DAVIS GONZALEZ
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received
COUNTY CLERK
TRAVIS COUNTY, TEXAS

FILED
9 28 PM '98

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**1811 South Congress Ave., Ste. B
Austin, Texas 78704**

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
JOHN L. BURGESS
NICKNAME LAST SUFFIX

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
**7801 N. LAMAR, A142
Austin, Texas 78752**

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 454-5646

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
01 / 01 / 1998 THROUGH 01 / 29 / 1998

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 10 / 1998 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

TRAVIS COUNTY JUDGE

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

HANK DAVIS GONZALEZ

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ <u>0</u>
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,925⁰⁰</u>
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EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
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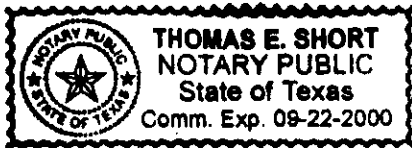
4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,989⁶³</u>
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OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,500⁰⁰</u>
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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 HANK DAVIS GONZALEZ this the 9th day of FEB.

19 98, to certify which, witness my hand and seal of office.

[Handwritten Signature]

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 173	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/5/98	5 Full name of contributor <input type="checkbox"/> out of state PAC MARION S. BENNETT	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9110 BLUFF SPRS. RD. AUSTIN, TX. 78744			
9 Principal occupation		10 Employer (optional)	
Date 1/7/98	Full name of contributor <input type="checkbox"/> out of state PAC CROCKETT A. KELLER	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2611 WESTLAKE DR. AUSTIN, TX. 78746			
Principal occupation		Employer (optional)	
Date 1/8/98	Full name of contributor <input type="checkbox"/> out of state PAC BRIAN VODICKA	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1311 SPYGLASS DR. AUSTIN, TX. 78746			
Principal occupation		Employer (optional)	
Date 1/5/98	Full name of contributor <input type="checkbox"/> out of state PAC Eddie Ledesma	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 S. 16th St. AUSTIN, TX. 78704			
Principal occupation		Employer (optional)	
Date 1/6/98	Full name of contributor <input type="checkbox"/> out of state PAC Richard Medreno	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 VARGAS RD. AUSTIN, TX. 78741			
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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>278</u> <u>3</u>	
2 FILER NAME <u>HANK DAVIS GONZALEZ</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1/9/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>PAT BENNETT</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>9110 BLUFF SPRINGS RD. AUSTIN, TX. 78744</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>1/9/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JESSE CARALES</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>AUSTIN, TX.</u>			
Principal occupation		Employer (optional)	
Date <u>1/2/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JOE O. MARTINEZ</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>8500 A. APPLE CARRIE 78745</u>			
Principal occupation		Employer (optional)	
Date <u>1/3/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>C.D. FULLER</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>1227 CHRISTOPHER AVE. ROUND ROCK, TX. 78681-7372</u>			
Principal occupation		Employer (optional)	
Date <u>1/29/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JAMES L. NEW</u>	Amount of contribution (\$) <u>\$500⁰⁰</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>5800 COLTON RD. AUSTIN, TX. 78719</u>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 30P 3	
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/29/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Bobby New	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13700 HAWKE DR. Manhaca, TX. 78652			
9 Principal occupation		10 Employer (optional)	
Date 1/29/98	Full name of contributor <input type="checkbox"/> out of state PAC LAKE TRAVIS Republican PAC (MAC McQuire)	Amount of contribution (\$)	In-kind contribution description (if applicable) (M) WALK LISTS MAIL LISTS (33K) (\$870)
Contributor address; City; State; Zip Code P.O. Box 340033 AUSTIN, TX. 78734-0033			
Principal occupation		Employer (optional)	
Date 1/29/98	Full name of contributor <input type="checkbox"/> out of state PAC MACK TELEON, JR.	Amount of contribution (\$)	In-kind contribution description (if applicable) OFFICE & PHONE (\$500⁰⁰)
Contributor address; City; State; Zip Code 1811 S. CONGRESS AVE., STE. B. AUSTIN, TX. 78704			
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: 2¹⁷
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/15/98	5 Payee name A-AUSTIN STORAGE CENTER	7 Amount (\$) \$ 7400
6 Payee address; City; State; Zip Code 1805 FRONTIER VALLEY DR. AUSTIN, TX. 78741		
8 Purpose of expenditure Campaign Sign Storage		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/15/98	Payee name Bill CARLON (CARLON CONSULTANTS) Fundraising	Amount (\$) \$500⁰⁰
Payee address; City; State; Zip Code PO Box 16244 AUSTIN, TX. 78716-2644		
Purpose of expenditure CONSULTANT FUNDRAISING		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/5/98	Payee name ACE PRINTING	Amount (\$) \$700⁰⁰
Payee address; City; State; Zip Code PO Box 13522 AUSTIN, TX. 78711		
Purpose of expenditure Campaign Sign Print		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/19/98	Payee name ACE PRINTING	Amount (\$) \$1302⁶³
Payee address; City; State; Zip Code P.O. Box 13522 AUSTIN, TX. 78711		
Purpose of expenditure Campaign Sign Print		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2.27
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/20/98	5 Payee name JESSE ORTIZ	7 Amount (\$) \$80⁰⁰
6 Payee address; City; State; Zip Code 3003 LOCKCE AUSTIN, TX. 78704		
8 Purpose of expenditure PRINTING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/23/98	Payee name GILBERT BUSINESS FORMS	Amount (\$) \$58⁰⁰
Payee address; City; State; Zip Code 505 THOMPSON LN. AUSTIN, TX. 78742		
Purpose of expenditure PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/27/98	Payee name Paul ROGUE	Amount (\$) \$125⁰⁰
Payee address; City; State; Zip Code 6203 WAYCROSS DR. AUSTIN, TX. 78745		
Purpose of expenditure PRINTING		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/29/98	Payee name RUFUS CORTINAS	Amount (\$) \$150⁰⁰
Payee address; City; State; Zip Code 1008 BRASS ST. 78702		
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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 0
5 Date of loan 1/1/98	7 Name of lender HANK DAVIS GONZALEZ <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) \$ 4,500 ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2616 MARKET GARDEN NW, AUSTIN, TX. 78745	10 Interest rate
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
15 Guarantor address; City; State; Zip Code		
17 Principal Occupation CANDIDATE TRAVIS COUNTY JUDGE	18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation	Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		