

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3823

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
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	FILED

RICHARD MOYA

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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*2211 Rebel Rd
Austin, Texas-78704*

Change of Address

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

Ellem NAVARRO

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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*2214 E. Cesar Chavez
Austin, Texas-78702*

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 472-7077

8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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	THROUGH	Month Day Year
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01/01/98 THROUGH *02/01/98*

10 ELECTION	ELECTION DATE	ELECTION TYPE
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Month Day Year: *3/10/98*

Primary Runoff General Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
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N/A *County Comm. 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	

N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- 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	COMMITTEE NAME <i>RICHARD MOYA CAMPAIGN</i>
		COMMITTEE ADDRESS <i>2211 Rebel Road</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Elleen Navarro</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>2214 E. Cesar Chavez</i>

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 310.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,625.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 410.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,751.03
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

LORI A. POKLUDA
NOTARY PUBLIC
State of Texas
Comm. Exp. 05-22-2001

Richard Moya
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

<u>Lori A. Pokluda</u>	<u>Lori A. Pokluda</u>	<u>Notary Public</u>
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:

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-22-97

5 Full name of contributor

MINTON, BURTON, FOSTER & COLLINS - PC out of state PAC

7 Amount of contribution (\$)

\$3,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1100 GUADALUPE ST.
AUSTIN, TX 78701*

9 Principal occupation

ATTORNEYS

10 Employer (optional)

Date

12-31-97

Full name of contributor

DENNIS GARZA out of state PAC

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6315 BRANCH HOLLOW
ARLINGTON, TX 76001*

Principal occupation

ATTORNEY

Employer (optional)

Date

1-21-98

Full name of contributor

NED GRANGER LAW OFFICE out of state PAC

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

605 W. 10TH ST., AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

1-23-98

Full name of contributor

JOSE M. GIL out of state PAC

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2409 BUTLER NATIONAL DR.
PFLUGERVILLE, TX 78660*

Principal occupation

ENGINEER

Employer (optional)

Date

1-28-98

Full name of contributor

WOODY STEIN out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1411 BURFORD, AUSTIN, TX 78704

Principal occupation

RETIRED

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:	
2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1-28-98</i>	5 Full name of contributor <i>MICHAEL A. VON OHLEN</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9509 LEANING ROCK CIRCLE AUSTIN, TX 78730</i>			
9 Principal occupation <i>UNKNOWN</i>		10 Employer (optional)	
Date <i>1-28-98</i>	Full name of contributor <i>ERIN NICOLE MAYTON</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7101 DAUGHERTY, AUSTIN, TX 78735</i>			
Principal occupation <i>STUDENT</i>		Employer (optional)	
Date <i>1-29-98</i>	Full name of contributor <i>RENE LARA</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6307 BLUFFSPRINGS RD # 102L AUSTIN, TX 78744</i>			
Principal occupation <i>LOBBYIST</i>		Employer (optional)	
Date <i>2-3-98</i>	Full name of contributor <i>ALBERT B. SAEN</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4403 BOUVET CT. AUSTIN, TX 78727</i>			
Principal occupation <i>STATE EMPLOYEE</i>		Employer (optional)	
Date <i>1-28-98</i>	Full name of contributor <i>MARGIE HUERTA</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5102 BLUFFSIDE DR. AUSTIN, TX 78759</i>			
Principal occupation <i>AUSTIN COMMUNITY COLLEGE</i>		Employer (optional)	

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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:	
2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-5-98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>THE LAW OFFICES OF MINTER JOSEPH & THORNHILL, P.C.</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>811 BARTON SPRINGS, SUITE 800 AUSTIN, TX 78704</i>			
9 Principal occupation <i>ATTORNEYS</i>		10 Employer (optional)	
Date <i>2-6-98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>YOLANDA RUIJAS</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3710 ROBINSON, AUSTIN, TX 78722</i>			
Principal occupation <i>POLITICAL CONSULTANT</i>		Employer (optional)	
Date <i>1-26-98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>JOSE CHAVEZ</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11035 CROSSLAND AUSTIN, TX 78726</i>			
Principal occupation <i>BUSINESS OWNER</i>		Employer (optional)	
Date <i>2-3-98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>EDDIE CAVAZOS</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 684977, AUSTIN, TX 78768</i>			
Principal occupation <i>LOBBYIST</i>		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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-16-98	5 Payee name MEDIA NATION	7 Amount (\$) \$ 99.48
6 Payee address; City; State; Zip Code 4009 JAFFE COVE, AUSTIN, TX 78749		
8 Purpose of expenditure GRAFIC DESIGN	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name RICHARD MOYA - COMM - PCT 4 Office sought / held	
Date 1-17-98	Payee name SOUTHWESTERN BELL TELEPHONE	Amount (\$) \$720.00
Payee address; City; State; Zip Code 911 W. ANDERSON LANE, AUSTIN, TX 78757		
Purpose of expenditure TELEPHONE DEPOSIT	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. MOYA - COMM. PCT. 4 Office sought / held	
Date 1-17-98	Payee name C.O.A. UTILITIES	Amount (\$) \$ 27.59
Payee address; City; State; Zip Code 701 W. 5TH ST., AUSTIN, TX 78702		
Purpose of expenditure UTILITIES	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R MOYA - COMM. PCT. 4 Office sought / held	
Date 1-20-98	Payee name HOME DEPOT	Amount (\$) \$248.00
Payee address; City; State; Zip Code 5400 BRODIE LANE, AUSTIN, TX 78745		
Purpose of expenditure SIGN MATERIAL	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R MOYA - COMM. PCT 4 Office sought / held	

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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 <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-30-98</i>	5 Payee name <i>OPINION ANALYSTS</i>	7 Amount (\$) <i># 170.75</i>
6 Payee address; City; State; Zip Code <i>906 RIO GRANDE AUSTIN, TX 78701</i>		
8 Purpose of expenditure <i>PRECINCT LISTS</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <i>R. MOYA - Comm. Pct. 4</i>
Date <i>1-30-98</i>	Payee name <i>TEXAS PRINTING</i>	Amount (\$) <i># 488.21</i>
Payee address; City; State; Zip Code <i>1209 E. CESAR CHAVEZ, AUSTIN, TX 78702</i>		
Purpose of expenditure <i>PRINTING</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <i>R. MOYA - Comm. Pct. 4</i>
Date <i>1-31-98</i>	Payee name <i>SAM'S DISCOUNT</i>	Amount (\$) <i># 311.00</i>
Payee address; City; State; Zip Code <i>5107 So. IH 35, AUSTIN, TX 78744</i>		
Purpose of expenditure <i>PARTY SUPPLIES</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <i>R. MOYA - Comm. Pct. 4</i>
Date <i>2-1-98</i>	Payee name <i>MARISSA TREVINO</i>	Amount (\$) <i># 686.00</i>
Payee address; City; State; Zip Code <i>11624 JOLLEYVILLE RD. # 238 AUSTIN, TX 78759</i>		
Purpose of expenditure <i>TEMPORARY WORK</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <i>R. MOYA - Comm. Pct. 4</i>

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