

# CODE OF FAIR CAMPAIGN PRACTICES

3824

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

OFFICE USE ONLY

Date Received

FILED  
FEB 9 3 03 PM '98  
DARRIN DEBENEFIELD  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

HD / PM

Date Processed

Date Imaged

1 ACCOUNT NUMBER:  
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

*If filer is a candidate, complete box 3.*

*If filer is a political committee, complete boxes 4 and 5.*

3 NAME OF CANDIDATE

TITLE	FIRST	MI
	KAREN	M.
NICKNAME	LAST	SUFFIX
	PARKER	

4 NAME OF COMMITTEE

5 NAME OF CAMPAIGN TREASURER

TITLE	FIRST	MI
	TERRY	
NICKNAME	LAST	SUFFIX
	WELDON	

GO TO PAGE 2

## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

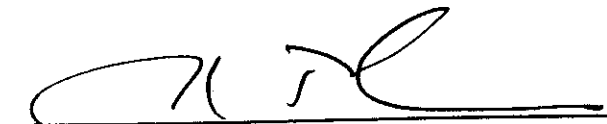
(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Dec. 21, 1997

Date



Signature

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

<b>The JC/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  17																												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td></td> <td>Ms. KAREN</td> <td>M.</td> </tr> <tr> <td>NICKNAME</td> <td colspan="2">LAST</td> </tr> <tr> <td></td> <td colspan="2">PARKER</td> </tr> <tr> <td></td> <td></td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST	MI		Ms. KAREN	M.	NICKNAME	LAST			PARKER				SUFFIX	<b>OFFICE USE ONLY</b>														
TITLE	FIRST	MI																													
	Ms. KAREN	M.																													
NICKNAME	LAST																														
	PARKER																														
		SUFFIX																													
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5">221 W. 6th St., Suite 1800, Austin, Tx 78701</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	221 W. 6th St., Suite 1800, Austin, Tx 78701					Date Received																		
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<b>5 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td></td> <td>Mr. TERRY</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td colspan="2">LAST</td> </tr> <tr> <td></td> <td colspan="2">WELDON</td> </tr> <tr> <td></td> <td></td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST	MI		Mr. TERRY		NICKNAME	LAST			WELDON				SUFFIX	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Receipt #</td> </tr> <tr> <td style="width:50%;">HD / PM</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #		HD / PM	Amount	Date Processed		Date Imaged						
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<b>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5">98 San Jacinto, Suite 1260, Austin, Tx 78701</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	98 San Jacinto, Suite 1260, Austin, Tx 78701																						
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<b>7 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:30%;">PHONE NUMBER</td> <td style="width:50%;">EXTENSION</td> </tr> <tr> <td></td> <td>(512) 477-2256</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		(512) 477-2256																							
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<b>8 REPORT TYPE</b>	<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 JC/OH - FR)																														
<b>9 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%;">THROUGH</td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>1</td> <td>/</td> <td>1</td> <td></td> <td>1</td> <td>/</td> <td>29</td> </tr> <tr> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>98</td> <td></td> <td></td> <td></td> <td>98</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/	1		1	/	29			/				/			98				98
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1	/	1		1	/	29																									
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		98				98																									
<b>10 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>3</td> <td>/</td> <td>10</td> </tr> <tr> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>98</td> </tr> </table>	Month	Day	Year	3	/	10			/			98	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4"><b>ELECTION TYPE</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>		<b>ELECTION TYPE</b>				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special								
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<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> <i>Judge, 261st District Court</i>																													
<b>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	<p>** 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. **</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;">Name</td> </tr> <tr> <td>Address / PO Bpx, Apt. / Suite #; City; State; Zip Code</td> </tr> </table>			Name	Address / PO Bpx, Apt. / Suite #; City; State; Zip Code																										
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Address / PO Bpx, Apt. / Suite #; City; State; Zip Code																															

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME <b>KAREN PARKER</b>	15 ACCOUNT # (Ethics Commission filers)
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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. \*\*

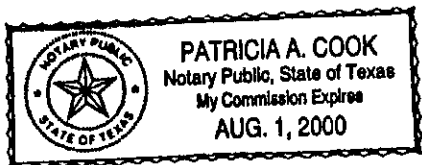
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1275.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9303.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,888.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

### 18 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 Karen Parker this the 9<sup>th</sup> day of February 19 98, to certify which, witness my hand and seal of office.

<i>Patricia A. Cook</i>	Patricia A. Cook	Notary Public
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J):

*2, including this one*

2 FILER NAME

*KAREN PARKER*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

*See attached schedule*

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)****SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial institution?  Y        N	8 Lender address;    City;    State;    Zip Code		10 Interest rate
			11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral  <input type="checkbox"/> none			
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address;    City;    State;    Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If lender 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: <b>3, including this one</b>
2 FILER NAME <b>KAREN PARKER</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>See attached schedule</i>	7 Amount (\$)
6 Payee address; City; State; Zip Code		
8 Purpose of expenditure		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right"><small>Office sought / held</small></span>
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right"><small>Office sought / held</small></span>
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right"><small>Office sought / held</small></span>
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right"><small>Office sought / held</small></span>

**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: \_\_\_\_\_

2 FILER NAME \_\_\_\_\_

3 ACCOUNT # (Ethics Commission filers) \_\_\_\_\_

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

KAREN PARKER

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

Richard E. Tulk

5 Lender address;

City;

State;

Zip Code

5202 Welcome Glen, Austin, Texas 78759

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

## DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Officeholder

**Political Contributions  
other than pledges or loans (judicial)**

**Schedule A(J)**

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/98	Martha Smiley Contributor address 1411 Hardouin Ave.,		\$250.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78703	Contributor's job title general counsel
	Contributor's employer/ law firm Thrifty Call			Law firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/98	Robert R. Bradshaw Contributor address 919 Congress, Suite 610,		\$50.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78701	Contributor's job title attorney
	Contributor's employer/ law firm self			Law firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/98	George L. Sharpe Contributor address 700 Weston Lane,		\$200.00	
	Contributor's principal occupation physician		City; State; Zip Code Austin, Texas 78733	Contributor's job title physician
	Contributor's employer/ law firm Neonatology Associates, P.A.			Law firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/98	Terry Weldon Contributor address 98 San Jacinto, Suite 1260,		\$250.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78701	Contributor's job title attorney
	Contributor's employer/ law firm Law Officers of Terry Weldon			Law firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/98	John Nyfeler Contributor address 3215 Hampton Road,		\$125.00	
	Contributor's principal occupation architect		City; State; Zip Code Austin, Texas 78705	
	Contributor's employer/ law firm The Nyfeler Organization Inc.		Contributor's job title architect	
	If contributor is a child, law firm of parent(s) (if any)		Law firm of contributor's spouse (if any)	

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/98	Casey Legate Dobson Contributor address 1517 Northwood Rd.,		\$100.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78703	
	Contributor's employer/ law firm Scott, Douglass & McConnico, L.L.P.		Contributor's job title attorney	
	If contributor is a child, law firm of parent(s) (if any)		Law firm of contributor's spouse (if any)	

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/98	W. Mike Blackwood Contributor address 111 W. Anderson Lane, Suite 102,		\$200.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78752	
	Contributor's employer/ law firm self		Contributor's job title attorney	
	If contributor is a child, law firm of parent(s) (if any)		Law firm of contributor's spouse (if any)	

Date	Full name of contributor	not out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/98	Phyllis Schunck Contributor address 2007 Elton Lane,		\$100.00	
	Contributor's principal occupation attorney		City; State; Zip Code Austin, Texas 78703	
	Contributor's employer/ law firm Clark, Thomas & Winters, P.C.		Contributor's job title attorney	
	If contributor is a child, law firm of parent(s) (if any)		Law firm of contributor's spouse (if any)	

# Political Expenditures

# Schedule F

Date	Payee name	Amount
1/6/98	Montgomery & Associates	\$5,144.81
	Payee address	City State Zip Code
	2101 S. IH35, Suite 432	Austin, Texas 78741

Purpose of expenditure	Complete if direct expenditure	to benefit C/OH
consulting & related expenses; photoshoot	Candidate/Officeholder name	Office sought/held

Date	Payee name	Amount
1/6/98	Aztec Marking Co., Inc.	\$1,200.00
	Payee address	City State Zip Code
	6100 Commercial Park Dr.	Austin,
	Texas 78724	

Purpose of expenditure	Complete if direct expenditure	to benefit C/OH
printing signs	Candidate/Officeholder name	Office sought/held

Date	Payee name	Amount
1/16/98	Aztec Marking Co., Inc.	\$1,208.56
	Payee address	City State Zip Code
	6100 Commercial Park Dr.	Austin,
	Texas 78701	

Purpose of expenditure	Complete if direct expenditure	to benefit C/OH
printing signs	Candidate/Officeholder name	Office sought/held

Date	Payee name	Amount
1/18/98	Travis County Bar Assn	\$250.00
	Payee address	City State Zip Code
	700 Lavaca Street	Austin, Texas 78724

Purpose of expenditure	Complete if direct expenditure	to benefit C/OH
mailing labels	Candidate/Officeholder name	Office sought/held

Date	Payee name	Amount
1/18/98	Montgomery & Associates	\$1,000.00
	Payee address	City State Zip Code
	2101 S. IH35, Suite 432	Austin, Texas 78741

Purpose of expenditure	Complete if direct expenditure	to benefit C/OH
advance for printing costs	Candidate/Officeholder name	Office sought/held

Date  
1/28/98

Payee name  
Bert Kivell  
Payee address  
937 Reinli, #3

City State Zip Code  
Austin, Texas 78731

Amount  
\$500.00

Purpose of expenditure

advance for sign materials

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