

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3826

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: **6**

3 CANDIDATE / OFFICEHOLDER NAME
 TITLE FIRST MI
 NICKNAME LAST SUFFIX
 RICHARD W.
 RICK SCHAFFER JR.

OFFICE USE ONLY
 Date Received
 TRAVIS COUNTY CLERK
 TRAVIS COUNTY, TEXAS
 FEB 9 4 01 PM '98
 FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 5321 INDUSTRIAL OAKS
 AUSTIN, TEXAS 78735
 Change of Address

5 CAMPAIGN TREASURER NAME
 TITLE FIRST MI
 NICKNAME LAST SUFFIX
 RICHARD W.
 RICK SCHAFFER JR.

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
 5321 INDUSTRIAL OAKS
 AUSTIN, TEXAS 78735

7 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 892-6908

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 Month Day Year
 1 / 15 / 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) OFFICE SOUGHT (if known)
 TRAVIS COUNTY COMMISSIONER
 PRECINCT 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
RICHARD SCHAFER JR.

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

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

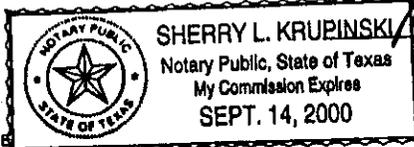
EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 197 ⁰⁰ / _{XX}
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1550 ⁰⁰ / _{XX}
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 30 ⁰⁰ / _{FX}
4. TOTAL POLITICAL EXPENDITURES	\$ 2035 ²³ / _{FX}
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000 ⁰⁰ / _{XX}

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.



Richard W. Schafar Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sherry J. Krupinski
Signature of officer administering oath

Sherry L. Krupinski
Print name of officer administering oath

Notary, Travis Co.
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: 1 of 2	
2 FILER NAME RICHARD SCHAFFER JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-19-98	5 Full name of contributor FRIENDS OF KIRK INGELS <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 500 ⁰⁰ / _{XX}	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2525 WALLINGWOOD DR STE 403 AUSTIN TEXAS 78746			
9 Principal occupation		10 Employer (optional)	
Date 1-19-98	Full name of contributor JIM OSBON <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰ / _{XX}	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5303 HWY 290 AUSTIN, TEXAS 78735			
Principal occupation		Employer (optional)	
Date 1-20-98	Full name of contributor JACK HURST <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50 ⁰⁰ / _{XX}	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5223 JONESTOWN, TEXAS 78645			
Principal occupation		Employer (optional)	
Date 1-23-98	Full name of contributor NICK RENNAKER <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 500 ⁰⁰ / _{XX}	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 808 SUNFISH ST. AUSTIN, TEXAS 78734			
Principal occupation		Employer (optional)	
Date 1-25-98	Full name of contributor SCOTT MCCALLISTER <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50 ⁰⁰ / _{XX}	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5321 INDUSTRIAL OAKS AUSTIN, TEXAS 78735			
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: 2 of 2	
2 FILER NAME RICHARD SCHAFFEL JR.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-26-98	5 Full name of contributor JOHN SOULE <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100 ⁰⁰ / XX	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5804 TIMBER TRAIL AUSTIN, TEXAS 78731			
9 Principal occupation		10 Employer (optional)	
Date 1-26-98	Full name of contributor DEANA RICKS <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50 ⁰⁰ / XX	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 SQUIRREL OAKS CIRCLE AUSTIN, TEXAS 78749			
Principal occupation		Employer (optional)	
Date 1-27-98	Full name of contributor AUSTIN AYOTTE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰ / XX	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11400 CHAPEL LANE AUSTIN, TEXAS 78748			
Principal occupation		Employer (optional)	
Date 1-27-98	Full name of contributor DOROTHY HESTER <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰ / XX	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3004 SHOOT OUT CT. AUSTIN, TEXAS 78748			
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:

1 of 2

2 FILER NAME

RICHARD SCHAFER JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-16-98

5 Payee name

AZTEC MARKING Co.

6 Payee address; City; State; Zip Code

5100 COMMERCIAL PARK DR
AUSTIN TEXAS 78724

7 Amount (\$)

951.25
~~75~~

8 Purpose of expenditure

SIGNS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

1-22-98

Payee name

A+M PRODUCTIONS

Payee address; City; State; Zip Code

5446 HWY 290
AUSTIN TEXAS 78735

Amount (\$)

238.15
~~12~~

Purpose of expenditure

BUMPER STICKERS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

1-23-98

Payee name

AUSTIN BUDGET SIGNS

Payee address; City; State; Zip Code

3904 D WAREHOUSE RD
AUSTIN, TX 78704

Amount (\$)

54.13
~~12~~

Purpose of expenditure

SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

1-23-98

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

5400 BRODIE LANE
SUNSET VALLEY, TX 78745

Amount (\$)

133.50
~~12~~

Purpose of expenditure

SIGN SUPPORT MATERIALS

** 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 of 2

2 FILER NAME

RICHARD SCHAFER JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-25-98

5 Payee name

HOME DEPOT

6 Payee address; City; State; Zip Code

5400 BRODIE LANE
SUNSET VALLEY, TX 78745

7 Amount (\$)

9124
XX

8 Purpose of expenditure

SIGN SUPPORT MATERIALS

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

AZTEC MARKING CO.

Payee address; City; State; Zip Code

5100 COMMERCIAL PARK DR.
AUSTIN, TX. 78724

Amount (\$)

566 96
XX

Purpose of expenditure

SIENS

.. 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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED