

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

3835

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed
13

3 COMMITTEE NAME

GO HOURS Committee

4 COMMITTEE ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**P.O. Box 340002
AUSTIN TX 78734**

5 CAMPAIGN TREASURER NAME

TITLE, FIRST, MI, NICKNAME, LAST, SUFFIX
Ms. MARY KOCHS

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
6701 LEXINGTON RO. AUSTIN TX 78757

7 CAMPAIGN TREASURER'S MAILING ADDRESS

Same as Above
 Change of Address (from Form STA)

STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE, PHONE NUMBER, EXTENSION
(512) 452-2299

9 REPORT TYPE

January 15, July 15, 30th day before election, 60th day before election, runoff, Exceeded \$500 limit, Dissolution (attach SPAC-DR), 10th day after campaign treasurer termination

10 PERIOD COVERED

Month, Day, Year
1 / 1 / 98 THROUGH **1 / 31 / 98**

11 ELECTION

Month, Day, Year, ELECTION DATE, ELECTION TYPE
3 / 10 / 98, Primary, Runoff, General, Special

GOTO PAGE 2

OFFICE USE ONLY
Date Received: **FEB 9 12 55 PM '98**
DAVA COUNTY CLERK
TRAVIS COUNTY TEXAS
Date Processed:
Date Imaged:

FILED

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
60 Hours Committee

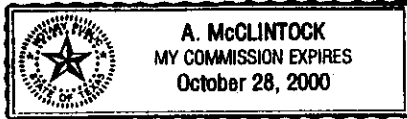
13 ACCOUNT #
(Ethics Commission files)

14 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period (Sign affidavit below and submit pages 1 and 2 only)

15 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)	\$ 8660.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6232.79
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

16 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.



Mary Kochs
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Kochs, this the 6th day of February, 19 98, to certify which, witness my hand and seal of office.

A McClintock
Signature of officer administering oath

A McClintock
Print name of officer administering oath

Bank Officer
Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule F: **4**

2 FILER NAME: **Go Home Committee**

3 ACCOUNT # (Ethics Commission Use):

4 Date: 1/31/98	5 Payee name: Aztec Signs	7 Amount (\$): \$1401.84
6 Payee address, City, State, Zip Code: 5100 Commercial Park Drive Austin, TX 78724		

8 Purpose of expenditure: **Signs**

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

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	

Purpose of expenditure

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

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	

Purpose of expenditure

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

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	

Purpose of expenditure

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F

4

2 FILER NAME

600 Hours Committee

3 ACCOUNT # (if Texas Commission filer)

4 Date

1/16/98

5 Payee name:

BECKY MORAL CAMPAIGN

6 Payee address: City: State: Zip Code

AUSTIN TX

7 Amount (\$)

\$25.00

8 Purpose of expenditure

Contribution

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

Office sought / held

Date

1/16/98

Payee name

Rebecca Forest

Payee address: City: State: Zip Code

434 Round Mountain
AUSTIN TX 78734

Amount (\$)

\$1200.-

Purpose of expenditure

Business Services Rendered

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

Office sought / held

Date

1/30/98

Payee name

Rebecca Forest

Payee address: City: State: Zip Code

434 Round Mountain
AUSTIN, TX 78734

Amount (\$)

\$412.50

Purpose of expenditure

Business Services Rendered

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

Office sought / held

Date

1/30/98

Payee name

RJL Graphics

Payee address: City: State: Zip Code

911 West Anderson Ln. # 110
AUSTIN TX 78757

Amount (\$)

\$36.-

Purpose of expenditure

Graphics

-- 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 this Schedule F

4

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

60 Hours Committee

4 Date
1/6/98

5 Payee name
CORPORATE COMMUNICATIONS

6 Payee address: City, State, Zip Code
690 N. Lamar, Austin TX 78752

8 Amount (\$)
\$ 639.75

7 Purpose of expenditure
PRINTING

Date
1/2/98

Payee name
REBECCA FOREST

Payee address: City, State, Zip Code
434 Round Mountain Drive, Austin, TX 78734

Amount (\$)
\$44.60

Purpose of expenditure
BUSINESS SERVICES

Date
1/14

Payee name
U.S. POSTMASTER

Payee address: City, State, Zip Code
2300 Lohmans Crossing, Austin, TX 78734

Amount (\$)
\$32.00

Purpose of expenditure
POSTAGE

Date
1/14

Payee name
U.S. POSTMASTER

Payee address: City, State, Zip Code
2300 Lohmans Crossing, Austin TX 78734

Amount (\$)
\$448.00

Purpose of expenditure

Date
1/15

Payee name
REBECCA FOREST

Payee address: City, State, Zip Code
434 Round Mountain, Austin, TX 78734

Amount (\$)
\$ 161.25

Purpose of expenditure
BUSINESS SERVICES

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages this Schedule # **4**

2 FILER NAME
60 Hours Committee

3 ACCOUNT # (Ethics Commission Use)

4 Date 1/15/98	5 Payee name U.S. Postmaster	8 Amount (\$) \$576.00
	6 Payee address, City, State, Zip Code 2300 Lohmans Crossing, Austin TX 78734	
7 Purpose of expenditure POSTAGE		

Date 1/21	Payee name Home Depot	Amount (\$) \$346.89
	Payee address, City, State, Zip Code P.O. Box 103072 Roswell GA 30076	
Purpose of expenditure Sign Materials		

Date 1/23	Payee name Gary P. Nunn	Amount (\$) \$350.
	Payee address, City, State, Zip Code RT 1, Hanna, OK 74845	
Purpose of expenditure Entertainment		

Date 1/23	Payee name BROKEN SPOKE	Amount (\$) \$90.25
	Payee address, City, State, Zip Code S. Lamar, Austin TX	
Purpose of expenditure entertainment expense		

Date	Payee name KINLOS	Amount (\$) \$468.71
	Payee address, City, State, Zip Code	
Purpose of expenditure Printing		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(512) 466-1200

SCHEDULE

P.O. Box 12070 Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A **7**

3 ACCOUNT # (Ethics Commission files)

2 FILER NAME
GO HOURS COMMITTEE

4 Date **1/15/98**

5 Full name of contributor out-of-state PAC
JEFFREY W. HILL

6 Contributor address: City, State, Zip Code
6614 COMANCHE TRAIL, AUSTIN, TX 78732

7 Amount of contribution (\$) **\$15.00**

8 In-kind contribution description (if applicable)

9 Principal occupation **POOR CONTROL**

10 Employer (optional)

Date **1/19/98**

Full name of contributor out-of-state PAC
GARY F. BROWN

Contributor address: City, State, Zip Code
13809 Research Blvd., #1000, Austin TX 78750

Amount of contribution (\$) **\$100.00**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date **1/29/98**

Full name of contributor out-of-state PAC
TERRANCE L. IZION

Contributor address: City, State, Zip Code
3755 CAP. OF TX HWY, #205 AUSTIN, TX 78704

Amount of contribution (\$) **\$100.-**

In-kind contribution description (if applicable)

Principal occupation **Attorney**

Employer (optional)

Date **1/30**

Full name of contributor out-of-state PAC
FLYING W. PROPERTIES, LTD.

Contributor address: City, State, Zip Code
P.O. Box 2109 SAN MARCOS TX 78667

Amount of contribution (\$) **\$500.**

In-kind contribution description (if applicable)

Principal occupation **Contractor**

Employer (optional)

Date **1/30**

Full name of contributor out-of-state PAC
John R. Alford Jr.

Contributor address: City, State, Zip Code
8100 Hickory Creek DR Austin, TX 78735-1532

Amount of contribution (\$) **250.-**

In-kind contribution description (if applicable)

Principal occupation **Attorney**

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 this Schedule A: 7	
2 FILER NAME 60 Hours Committee		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/30	5 Full name of contributor <input type="checkbox"/> out of state PAC Mark Finley	7 Amount of contribution (\$) \$100. -	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 510 Guadalupe #2086 Austin Tx 78758			
9 Principal occupation BUSINESS		10 Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out of state PAC CRIG EITER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 8221 Citation Ave. Austin Tx 78719			
Principal occupation Employee		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out of state PAC Mr. Charles Kaitzger	Amount of contribution (\$) \$25 -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 70 St. Stephens School Rd Austin Tx 78746			
Principal occupation		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out of state PAC Joe W. Newl	Amount of contribution (\$) \$500. -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 2209 School Creek Blvd Austin, Tx 78705			
Principal occupation Retired		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out of state PAC Kent Hance	Amount of contribution (\$) \$250. -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 111 Congress Ave #800 Austin Tx 78701-4043			
Principal occupation Atty.		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 (inc Schedule A)

7

2 FILER NAME

60 Hours Committee

3 ACCOUNT # (Ethics Commission Form)

4 Date

1/30/98

5 Full name of contributor

out-of-state PAC

Ralph E. James, III

6 Contributor address: City: State: Zip Code

BOX 2155
AUSTIN TX 78768

7 Amount of contribution (\$)

\$500.

8 In-kind contribution description (if applicable)

9 Principal occupation

Business

10 Employer (optional)

Date

1/30/98

Full name of contributor

out-of-state PAC

R.T. MAYFIELD

Contributor address: City: State: Zip Code

2630 EXPOSITION BLVD, Ste. 214
Austin TX 78703

Amount of contribution (\$)

\$100. -

In-kind contribution description (if applicable)

Principal occupation

Real Estate

Employer (optional)

Date

1/30/98

Full name of contributor

out-of-state PAC

Hector DeLeon

Contributor address: City: State: Zip Code

3 LEOPOLD LN.
Austin TX 78746

Amount of contribution (\$)

\$200. -

In-kind contribution description (if applicable)

Principal occupation

Atty.

Employer (optional)

Date

1/30/98

Full name of contributor

out-of-state PAC

Jacqueline Linkley

Contributor address: City: State: Zip Code

1801 Wells Branch Pkwy Apt. 1204
Austin TX 78728

Amount of contribution (\$)

\$20. -

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

1/30/98

Full name of contributor

out-of-state PAC

Gerald Daugherty

Contributor address: City: State: Zip Code

1115 ELM ST.
AUSTIN, TX 78703

Amount of contribution (\$)

\$100. -

In-kind contribution description (if applicable)

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 this Schedule A 7	
2 FILER NAME 60 Hours Committee		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC Lee Phillips	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 4107 Medical Pkwy, # 201 Austin Tx 78756 3701			
9 Principal occupation		10 Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out-of-state PAC Assoc. General Contractors of Texas - PAC	Amount of contribution (\$) \$500.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. Box 2185 Austin Tx 78768			
Principal occupation Assoc.		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out-of-state PAC Jack Gary	Amount of contribution (\$) \$500.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 11607 N. Lamar Austin Tx 78753			
Principal occupation Contractor		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out-of-state PAC B.J. McLamb	Amount of contribution (\$) \$2500.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code P.O. Box 614003 San Antonio Tx 78201			
Principal occupation Car Dealer		Employer (optional)	
Date 1/30	Full name of contributor <input type="checkbox"/> out-of-state PAC Leonidas C. Bradley Jr.	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 9201 Cedar Forest Dr. Austin Tx 78750			
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**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A 7	
2 FILER NAME 600 Hours Committee		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/12/98	5 Full name of contributor George W. Murfee <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$1000.-	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 4105 Benedict Lane, Austin, TX 78746			
9 Principal occupation Engineer		10 Employer (optional)	
Date 1/12/98	Full name of contributor ELBERT I. PURSER, JR. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 6107 Mountain Climb, Austin, TX 78731			
Principal occupation Retired		Employer (optional)	
Date 1/12/98	Full name of contributor DORCEL RAJAL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1505 MESA RIDGE LANE, AUSTIN, TX 78735			
Principal occupation Retired Coach		Employer (optional)	
Date 1/12/98	Full name of contributor DAVID D. DAVENPORT <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1509 GASTON AVE. AUSTIN TX 78703			
Principal occupation Tax Consultant		Employer (optional)	
Date 1/12/98	Full name of contributor ROBERT M. TINTSMAN <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 7314 Reed Drive, Leander, TX 78641			
Principal occupation Retired		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 this Schedule A

7

2 FILER NAME

Go Home Committee

3 ACCOUNT # (Ethics Commission files)

4 Date

1/12/98

5 Full name of contributor

Thomas Kam

out of state PAC

6 Contributor address, City, State, Zip Code

1020 Loop 360N. #570, Austin Tx 78759

7 Amount of contribution (\$)

\$50.-

8 In-kind contribution description (if applicable)

9 Principal occupation

Engineer

10 Employer (optional)

Date

1/12/98

Full name of contributor

M.H. Crockett, Jr.

out of state PAC

Contributor address, City, State, Zip Code

Box 2006, Austin, Tx 78768

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation

Real Estate

Employer (optional)

Date

1/12/98

Full name of contributor

Kurt Babb

out of state PAC

Contributor address, City, State, Zip Code

221 W. 6th St. #160, Austin, Tx 78701

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation

Att'y.

Employer (optional)

Date

1/12/98

Full name of contributor

Jay Reynolds

out of state PAC

Contributor address, City, State, Zip Code

4812 Mt. Bonnell Rd., Austin Tx 78731

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation

Real Estate - Bus.

Employer (optional)

Date

1/12/98

Full name of contributor

Glenn Williams

out of state PAC

Contributor address, City, State, Zip Code

2339 Mossrock #110, San Antonio, Tx 78720

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

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 this Schedule A

7

2 FILER NAME

60 Hours Committee

3 ACCOUNT # (Ethics Commission files)

4 Date

1/6/98

5 Full name of contributor

ROD EDENS, JR.

out of state PAC

6 Contributor address, City, State, Zip Code

3405 MOUNTAIN TOP Circle, Austin Tx 78731

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation

Attorney

10 Employer (optional)

Date

1/6/98

Full name of contributor

Col. Oliver K. Jones

out of state PAC

Contributor address, City, State, Zip Code

2203 RUNDALL PLACE, Austin, Tx 78704

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation

Ret.

Employer (optional)

Date

1/12/98

Full name of contributor

Susan Combs

out of state PAC

Contributor address, City, State, Zip Code

1704 Mohle, Austin, Tx 78703

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Principal occupation

Rancher

Employer (optional)

Date

1/12/98

Full name of contributor

Susan Arnold

out of state PAC

Contributor address, City, State, Zip Code

18279 Kernville Folkway, Austin, Tx 78729

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation

Banker

Employer (optional)

Date

1/2/98

Full name of contributor

William B. Sneed

out of state PAC

Contributor address, City, State, Zip Code

P.O. Box 1000, Georgetown, Tx 78627

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Principal occupation

Crushed Stone

Employer (optional)

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