

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3844

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:

20

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mrs. Stacy C
NICKNAME LAST SUFFIX
Dukes-Rhone

OFFICE USE ONLY

Date Received

FILED
FEB 10 10 07 AM '98
CLERK OF COURTS
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. Box 15687 Austin, TX 78761

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Ms. Nancy
NICKNAME LAST SUFFIX
Fisher

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

1122 Colorado, Suite 301 Westgate Bldg
Austin, TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 477-8405

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

1 / 1 / 98 THROUGH 1 / 29 / 98

10 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

3 / 10 / 98

Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if any)

County Comm...


13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's knowledge 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

15 ACCOUNT # (Ethics Commission filers)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.



Stacy

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Stacey de'g Jefferson
Signature of officer administering oath

Stacey de'g Jefferson
Print name of officer administering oath

Notary Public
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 this Schedule A: <i>1 of 7</i>	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/4/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Ben and Josephine Dukes 6 Contributor address; City; State; Zip Code 9005 Happy Trail Austin, TX 78754	7 Amount of contribution (\$) \$275.00	8 In-kind contribution description (if applicable)
9 Principal occupation		10 Employer (optional)	
Date 1/3/98	Full name of contributor <input type="checkbox"/> out of state PAC Willie Belle Harden Contributor address; City; State; Zip Code 1702 Loreto Dr. Austin, TX 78721	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date 1/12/98	Full name of contributor <input type="checkbox"/> out of state PAC Warren and Ellas Nicholas Contributor address; City; State; Zip Code 5705 Whitebrook Dr. Austin, TX 78724	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date 1/12/98	Full name of contributor <input type="checkbox"/> out of state PAC Melvin and Marie Mason Contributor address; City; State; Zip Code 1137-C Marks Circle Austin, TX 78721	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date 1/12/98	Full name of contributor <input type="checkbox"/> out of state PAC Ateja N. Dukes Contributor address; City; State; Zip Code 5224 Marymount Dr. Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) \$55.00 (Office Supplies)
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 this Schedule A: 2 of 7	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/12/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Estella Harper	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4702 Oak Cliff Dr. Austin, TX 78721			
9 Principal occupation		10 Employer (optional)	
Date 1/13/98	Full name of contributor <input type="checkbox"/> out of state PAC Ramon King	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Guadalupe, Suite 2-C Austin, TX 78701			
Principal occupation Attorney		Employer (optional)	
Date 1/14/98	Full name of contributor <input type="checkbox"/> out of state PAC Steve Minors	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6406 N. IH 35, Suite 1805 Austin, TX 78752			
Principal occupation		Employer (optional)	
Date 1/14/98	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Joseph Maier	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6406 N. IH 35, Suite 1805 Austin, TX 78752			
Principal occupation		Employer (optional)	
Date 1/15/98	Full name of contributor <input type="checkbox"/> out of state PAC Ramon King	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Guadalupe, Suite 2-C Austin, TX 78701			
Principal occupation Attorney		Employer (optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

3 of 7

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/98

5 Full name of contributor

Jeffery Lewis

out of state PAC

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

11000 Amaranth Ln.
Austin, TX 78754

9 Principal occupation

10 Employer (optional)

Date

1/15/98

Full name of contributor

Catherine Antolak

out of state PAC

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9037 Research Blvd., Suite 250
Austin, TX 78758

Principal occupation

Employer (optional)

Date

1/16/98

Full name of contributor

Fatma and Mohamed Khalil

out of state PAC

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
101 Albany
Victoria, TX 77904

Principal occupation

Employer (optional)

Date

1/17/98

Full name of contributor

Nettie Caldwell

out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1700 Loreto Dr.
Austin, TX 78721

Principal occupation

Employer (optional)

Date

1/17/98

Full name of contributor

Delmaris Roby

out of state PAC

Amount of contribution (\$)

\$5.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1807 Loreto Dr.
Austin, Tx 78721

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:

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2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17/98

5 Full name of contributor

Roland Harden

out of state PAC

7 Amount of contribution (\$)
\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

10507 Cooper Hill
Austin, TX 78758

9 Principal occupation

10 Employer (optional)

Date

1/18/98

Full name of contributor

Raymond York, Jr.

out of state PAC

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10001 China Garden Cove
Austin, TX 78730

Principal occupation

Employer (optional)

Date

1/18/98

Full name of contributor

Michael Walker

out of state PAC

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3810 Medical Pkwy., Suite 155
Austin, TX 78756

Principal occupation

Employer (optional)

Insurance agent

Date

1/17/98

Full name of contributor

Nancy Fisher

out of state PAC

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1122 Colorado St., Suite 301
Austin, TX 78701

Principal occupation

Employer (optional)

Date

1/18/98

Full name of contributor

Lester and Mary Johnson

out of state PAC

Amount of contribution (\$)
\$40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

406 Woodbine Dr.
Austin, TX 78745

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 this Schedule A: 5 of 7	
2 FILER NAME Stacy Dukes-Rhone Campaign			3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/98	5 Full name of contributor Paul Potier <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 12711 Possum Hollow Dr. Austin, TX 78729				
9 Principal occupation		10 Employer (optional)		
Date 1/18/98	Full name of contributor Lamar Berry <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4801 Hillspring Circle Austin, TX 78721-1605				
Principal occupation		Employer (optional)		
Date 1/18/98	Full name of contributor Orvis Austin <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4402 Elmsgrove Dr. Austin, Tx 78721				
Principal occupation		Employer (optional)		
Date 1/18/98	Full name of contributor Dr. Joseph Quander, Jr. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 711 W. 38th St., G-2 Austin, TX 78705				
Principal occupation Physician		Employer (optional)		
Date 1/18/98	Full name of contributor Mr. R. H. Harris <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3105 Val Drive Austin, TX 78723				
Principal occupation		Employer (optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

6 of 7

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/20/98

5 Full name of contributor

Andrew Ramirez

 out of state PAC

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

40 N. IH 35, #6
Austin, TX 78701-4333

9 Principal occupation

10 Employer (optional).

Date

1/23/98

Full name of contributor

BM&OH - ELECTO-PAC

 out of state PAC

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1400 Franklin Plaza
111 Congress Ave.
Austin, TX 78701

Principal occupation

Employer (optional)

Date

1/26/98

Full name of contributor

Jean Nipper

 out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8812 Mountain Path Circle
Austin, TX 78759

Principal occupation

Employer (optional)

Date

1/26/98

Full name of contributor

Ruth Denney

 out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8812 Mountain Path Circle
Austin, TX 78759

Principal occupation

Employer (optional)

Date

1/28/98

Full name of contributor

Tyrone Dorian

 out of state PAC

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2600 S. Loop West, #240
Houston, TX 77054

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: <u>7 of 7</u>	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/20/98	5 Full name of contributor <input type="checkbox"/> out of state PAC O. C. Houston	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2115 E. MLK, Jr. Blvd. Austin, TX 78702			
9 Principal occupation Pharmacist		10 Employer (optional)	
Date 1/29/98	Full name of contributor <input type="checkbox"/> out of state PAC Mitcheal Fontenot	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1813 Rhodes Rd. Austin, TX 78721			
Principal occupation		Employer (optional)	
Date 1/29/98	Full name of contributor <input type="checkbox"/> out of state PAC Audrey Fontenot	Amount of contribution (\$) \$65.00	In-kind contribution description (if applicable) \$65.00 (Office supplies)
Contributor address; City; State; Zip Code 1813 Rhodes Rd. Austin, TX 78721			
Principal occupation		Employer (optional)	
Date 1/29/98	Full name of contributor <input type="checkbox"/> out of state PAC Dawna Dukes	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) \$700.00 (Office space)
Contributor address; City; State; Zip Code P. O. Box 14645 Austin, TX 78761			
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)	

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule E: <i>1 of 1</i>
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 5,000.00
5 Date of loan 1/12/98	7 Name of lender <input type="checkbox"/> out of state PAC Dawna Dukes	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P. O. Box 14645 Austin, TX 78761	10 Interest rate -0-
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 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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>		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F: <i>106 9</i>
2 FILER NAME <i>Stacy Dukes-Rhone Campaign</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/2/98</i>	5 Payee name <i>Travis County Democratic Party</i>	7 Amount (\$) <i>\$1000.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 684263, Austin, Tx 78768-4263</i>		
8 Purpose of expenditure <i>Filing fee</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/5</i>	Payee name <i>Action Safe-n-Lock</i>	Amount (\$) <i>\$38.50</i>
Payee address; City; State; Zip Code <i>101 E. North Loop Blvd Austin, Tx 78751</i>		
Purpose of expenditure <i>unlock campaign office</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/5</i>	Payee name <i>Southwestern Bell Telephone</i>	Amount (\$) <i>\$275.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 3025, Houston, Tx 77097</i>		
Purpose of expenditure <i>Service Connection</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/8</i>	Payee name <i>Candy Lane Productions</i>	Amount (\$) <i>\$75.00</i>
Payee address; City; State; Zip Code		
Purpose of expenditure <i>Photographs for push-card</i>		-- 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: 279
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/9	5 Payee name Capitol Area Democratic Women 6 Payee address; City; State; Zip Code P.O. Box 50038, Austin, Tx 78763	7 Amount (\$) \$25.00
8 Purpose of expenditure membership and luncheon		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/14	Payee name Office Max Payee address; City; State; Zip Code 5451 N. IH 35 Austin, Tx 78723	Amount (\$) \$111.98
Purpose of expenditure Office Supplies		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/14	Payee name Albertsons Payee address; City; State; Zip Code 13801 Burnet Rd Austin, Tx 787	Amount (\$) \$128.00
Purpose of expenditure For postage stamp		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 1/15	Payee name U.S. Postmaster Payee address; City; State; Zip Code Main Post Office	Amount (\$) \$ 40.00
Purpose of expenditure Postage		.. 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: 3 of 9

2 FILER NAME

Stacy Dukas Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17

5 Payee name

McCoy's Building Supply Center

6 Payee address; City; State; Zip Code

10301 Burnet Road Austin, Tx 78758

7 Amount (\$)

\$ 15.46

8 Purpose of expenditure

Nails

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

Date

1/20

Payee name

Gray, McBride

Payee address; City; State; Zip Code

P.O. Box 2214 Austin, Tx 78768

Amount (\$)

\$ 2,500.00

Purpose of expenditure

Consulting Services

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

Date

1/20

Payee name

David Watson

Payee address; City; State; Zip Code

P.O. Box 14236 Austin, Texas 78761

Amount (\$)

\$ 3,000.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4 of 9
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/15	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code Northwest Station	7 Amount (\$) \$ 2.77
8 Purpose of expenditure Certified mail		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/15	Payee name U.S. Postal Service Payee address; City; State; Zip Code Downtown Station	Amount (\$) \$ 40.00
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/16	Payee name The Villager Payee address; City; State; Zip Code 1223-A Rosewood Avenue	Amount (\$) \$ 100.00
Purpose of expenditure Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/16	Payee name Office Max Payee address; City; State; Zip Code 5451 N. IH35 Austin, Tx 78723	Amount (\$) \$ 10.83
Purpose of expenditure Office material		** 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:

579

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/15

Capitol Times

6 Payee address; City; State; Zip Code

1250 Cpl. of Tx Hwy, Ste 300, Austin, Tx 78746

\$400.00

8 Purpose of expenditure

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/17

Dee Moss

Payee address; City; State; Zip Code

9628 Copper Creek Dr Austin Tx 78729

\$15.00

Purpose of expenditure

Transportation/Fuel

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/17

Home Depot

Payee address; City; State; Zip Code

7211 N-IH35, Austin, Texas 78752

\$176.92

Purpose of expenditure

sign post, elec fencing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/18

Kelly Keeton

Payee address; City; State; Zip Code

4607 Sara Austin, Tx 78721

\$260.00

Purpose of expenditure

Catering

** 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: <i>6 of 9</i>
2 FILER NAME <i>Stacy Dulces - Rhone Campaign</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/20</i>	5 Payee name <i>Home Depot</i> 6 Payee address; City; State; Zip Code <i>7211 N-IH 35, Austin, Tx 78762</i>	7 Amount (\$) <i>\$132.07</i>
8 Purpose of expenditure <i>Tarp and stakes</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/20</i>	Payee name <i>Office Max - Capital Plaza</i> Payee address; City; State; Zip Code <i>5451 N. IH35 Austin, Texas 78723</i>	Amount (\$) <i>\$16.46</i>
Purpose of expenditure <i>Office materials</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/20</i>	Payee name <i>Southwestern Bell Telephone</i> Payee address; City; State; Zip Code <i>P.O. Box 3025 Houston, Tx 77097</i>	Amount (\$) <i>\$128.46</i>
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/21</i>	Payee name <i>R.H. Harris</i> Payee address; City; State; Zip Code <i>3105 Val Austin, Tx 78723</i>	Amount (\$) <i>\$25.00</i>
Purpose of expenditure <i>postage reimbursement</i>		-- 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:
7 of 9

2 FILER NAME

Stacy Duces - Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/21

Third Eye Photography

6 Payee address; City; State; Zip Code

2532 Guadalupe Ave. Tx 78705

\$124.49

8 Purpose of expenditure

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

Photos for advertising

Date

Payee name

Amount (\$)

1/21

Capital Times

Payee address; City; State; Zip Code

1250 Cptl. of Tx Hwy, Ste 300 78746

\$400.00

Purpose of expenditure

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

Advertising and newspapers.

Date

Payee name

Amount (\$)

1/22

Third Eye Photography

Payee address; City; State; Zip Code

2532 Guadalupe Ave Tx 78705

5.00

Purpose of expenditure

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

Photos

Date

Payee name

Amount (\$)

1/23

Travis Co. Tax Assessor-Collector

Payee address; City; State; Zip Code

P.O. Box 1748 Austin Tx 78767

\$40.50

Purpose of expenditure

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

Precinct List

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F: 8 of 9
2 FILER NAME Stacy Duces - Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/23	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 7211 N-IH 35, Austin, Tx 78752	7 Amount (\$) \$60.38
8 Purpose of expenditure T-Post		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/24	Payee name Hyde Park - Grill Payee address; City; State; Zip Code 4206 Duval Aus. Tx 78751	Amount (\$) \$48.00
Purpose of expenditure Staff meal (8 volunteers)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/24	Payee name Pizza Hut Payee address; City; State; Zip Code 2512 S. IH 35 Aus. Tx 78704	Amount (\$) \$20.02
Purpose of expenditure Staff and volunteer lunch (10 people)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/24	Payee name Frank Posas Payee address; City; State; Zip Code	Amount (\$) \$15.00
Purpose of expenditure Transportation, Signs + Fuel		-- 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: 9 of 9
2 FILER NAME Stacy Dukes-Phone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/25	5 Payee name Ace Signs - Printing 6 Payee address; City; State; Zip Code P.O. Box 13522 Austin, Texas 78711	7 Amount (\$) \$ 757.75
8 Purpose of expenditure Signs 4x8		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/28	Payee name U.S. Postmaster Payee address; City; State; Zip Code	Amount (\$) \$ 64.00
Purpose of expenditure Postage		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/29	Payee name Kelly Keeton Payee address; City; State; Zip Code 4607 Sara Austin, TX 78721	Amount (\$) \$ 700.00
Purpose of expenditure Catering		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/28	Payee name Travis Co. Clerk Payee address; City; State; Zip Code Travis Co. Court house	Amount (\$) \$ 3.60
Purpose of expenditure Voter Registration Material		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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