

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
3872
**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: Four (4)
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.	FIRST Laurin	MI C
	NICKNAME	LAST Currie	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE 8901 Rockcrest Drive, Austin, Texas 78759-7319
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Robert	MI E.
	NICKNAME Bob	LAST Swanson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE 8901 Rockcrest Drive, Austin, Texas 78759-7319
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 346-6561	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year Jan / 5 / 1998	THROUGH	Month Day Year Jan / 29 / 1998
10 ELECTION	ELECTION DATE Month Day Year March / 10 / 1998	ELECTION TYPE <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	Justice of the Peace, Precinct 2
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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Laurin C Currie

15 ACCOUNT # (Ethics Commission files)

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

additional pages

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

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

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

\$ 2,500.00

EXPENDITURE
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 800.00

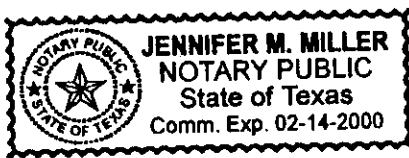
OUTSTANDING
LOAN TOTALS

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

\$ -0-

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Laurin Currie

Signature of Candidate or Officeholder

Laurin Currie

Sworn to and subscribed before me, by the said Laurin Currie, this the 9th day of February, 19 98, to certify which, witness my hand and seal of office. This is to certify that the undersigned notary public mailed this Sworn Report of Contributions and Expenditures on February 9, 1998, at 5 PM, by U.S. Certified Mail, Receipt No. Z-110-874-778, Return Receipt Requested.

Jennifer M. Miller
Signature of officer administering oath

Jennifer M. Miller
Print name of officer administering oath

Notary
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:
One (1) [Page 1 of 1, Sch A]

2 FILER NAME
Laurin Currie

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/2/98

5 Full name of contributor out of state PAC
Laurin Currie

6 Contributor address; City; State; Zip Code
8901 Rockcrest Drive, Austin, Texas 78759-7319

7 Amount of contribution (\$)

8 In-kind contribution description(if applicable)
\$2,500.00-office space, postage, phone, fax, computer, miscellaneous campaign supplies & equipment

9 Principal occupation
Mediator/Counselor/Attorney

10 Employer (optional)
Self

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
One [Page 1 of 1, Sch G]

2 FILER NAME
Laurin Currie

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/2/98	5 Payee name Travis County Republican Party 6 Payee address: City: State: Zip Code 1300 West Koenig Lane, Austin, TX 78756	8 Amount (\$) \$ 800.00
	7 Purpose of expenditure Filing Fee	<input checked="" 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

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