

# CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 3918

# FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission file)	2 Total pages filed:  6
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE  FIRST <i>NATHAN</i> LAST <i>ZOOK</i> MI <i>H.</i> SUFFIX <i>ZOOK</i>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">           DANIEL S. STOUT            COUNTY CLERK            AVIS COUNTY, TEXAS            FILED            8 17 9 08 AM '98         </div>	
NICKNAME <i>ZOOK</i>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 180896 Austin TX 78718</i>		
4 CANDIDATE/ OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	5 CAMPAIGN TREASURER NAME  TITLE  FIRST <i>THOMAS</i> LAST <i>CROLEY</i> MI <i>R</i> SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	7 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION <i>( ) 708-1058</i>		
8 REPORTTYPE	8 REPORTTYPE <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 C/OH - FR)		
9 PERIOD COVERED	9 PERIOD COVERED Month Day Year THROUGH Month Day Year <i>1 / 1 / 98 THROUGH 1 / 31 / 98</i>		
10 ELECTION	10 ELECTION ELECTION DATE: Month Day Year <i>3 / 10 / 98</i> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <i>Justice of the Peace, PET #2</i>	
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		



# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 COH NAME

*NATHAN H. ZOOK*

15 ACCOUNT #(Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEES(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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NOREPORTABLE 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	\$ 175
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <del>260</del> 435
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3
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4. TOTAL POLITICAL EXPENDITURES	\$ 35
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250
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19 AFFIDAVIT

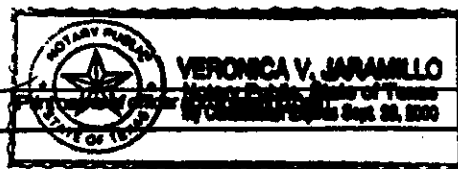
I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Nathan H. Zook*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said NATHAN H. ZOOK this the 17<sup>TH</sup> day of Feb. 19 98, to certify which, witness my hand and seal of office.

*Veronica V. Jaramillo*  
Signature of officer administering oath



*Veronica V. Jaramillo*  
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	
2 FILER NAME <i>NATHAN ZOOK</i>					3 ACCOUNT # (Ethics Commission filers)	
4 Date  <i>1/2/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC  <i>JAMES LOGAN</i>			7 Amount of contribution (\$)  <i>60</i>	8 In-kind contribution description (if applicable)	
	6 Contributor address; City, State, Zip Code <i>616 Highland Ave Austin, TX 78703</i>					
9 Principal occupation <i>REAL ESTATE</i>				10 Employer (optional)		
Date  <i>1/2/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC  <i>HAROLD DR LEON</i>			Amount of contribution (\$)  <i>100</i>	In-kind contribution description (if applicable)	
	Contributor address; City, State, Zip Code <i>3 Leopold Ln Austin, TX 78746</i>					
Principal occupation				Employer (optional)		
Date  <i>1/19/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC  <i>FRIENDS OF KIRK INGRAMS</i>			Amount of contribution (\$)  <i>100</i>	In-kind contribution description (if applicable)	
	Contributor address; City, State, Zip Code <i>7811 Wykeham Dr Austin, TX 78749</i>					
Principal occupation <i>SINGLE PURPOSE PAC</i>				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)		
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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The instruction Guide explains how to complete this form.		1 Total pages Schedule B: <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px 10px;">0</span>	
2 FILERNAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;                      City;   State;   Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;   State;   Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;   State;   Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;   State;   Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;   State;   Zip Code			
Principal occupation		Employer (optional)	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

1/4/99

5 Payee name

U.S. Postal Service

6 Payee address; City; State; Zip Code

8 Amount (\$)

\$32

7 Purpose of expenditure

STAMPS

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule H: 0
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address: City, State, Zip Code	

8 Purpose of payment	9 -- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate/Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address: City, State, Zip Code	

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