

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1
3953

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: JOSEPH L. BERGERON FIRST: JOSEPH MI: L. NICKNAME: "LEE" LAST: BERGERON SUFFIX:	OFFICE USE ONLY Date Received: MAR 3 9 49 AM '98 RAVIS COUNTY, TEXAS COUNTY CLERK FILED	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 4301 SENDERO DR. APT / SUITE #: CITY: AUSTIN TX STATE: ZIP CODE: 78735		
5 CAMPAIGN TREASURER NAME	TITLE: JOHN A. BERGERON FIRST: JOHN MI: A NICKNAME: BERGERON LAST:	Receipt #: HD / PM: Amount: Date Processed: Date Imaged:	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2000 CEDAR BEND DR. #2110 APT / SUITE #: CITY: AUSTIN TX STATE: ZIP CODE: 78758		
CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 837-4594 EXTENSION:		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year: 01 / 30 / 98 THROUGH Month Day Year: 2 / 28 / 98		
10 ELECTION	ELECTION DATE: 03 / 10 / 98 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 (Pct 3)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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:		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOSEPH L. BERGERON

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 <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 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

\$ 17.86

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.

Joseph L. Bergeron
Signature of Candidate or Officeholder

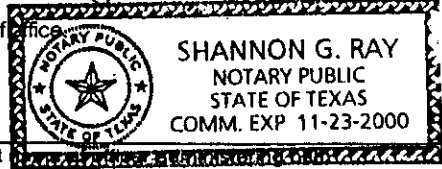
TXDL 03809519

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph L. Bergeron, this the 9th day of March

19 98, to certify which, witness my hand and seal of office

Shannon G. Ray
Signature of officer administering oath



Print

Title of officer administering oath

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 JOSEPH L. BERGERON		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/9/98	5 Payee name Office MAX	8 Amount (\$) 1.05
	6 Payee address; City; State; Zip Code 5400 BRODIE LANE AUSTIN TX 78745	
	7. Purpose of expenditure Resume Letters	
Date 2/15/98	Payee name KINKO'S	Amount (\$) 16.81
	Payee address; City; State; Zip Code 3300 BEE CAVE RD. AUSTIN TX 78746	
	Purpose of expenditure Resume Letters	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED