

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3954

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Richard
NICKNAME LAST SUFFIX
Moya

OFFICE USE ONLY

Date Received

TRAVIS COUNTY, TEXAS
MAR 3 9 54 AM '98
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*2211 Rebel Rd
Austin, Texas
78704*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Ellien
NICKNAME LAST SUFFIX
NOVANO

Receipt #

HOJ 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
*2214 E Ceson Chavez
Austin - 78702*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 472-7077

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
2 / 1 / 98 THROUGH 3 / 1 / 98

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

County Comm. Pct. 4

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

N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Richard Moya</i>	15 ACCOUNT # (Ethics Commission #)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. 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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Richard Moya Campaign</i>
		COMMITTEE ADDRESS <i>2211 Rebel Road - Austin</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>ETIEN Etien Navarro</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <i>2214 E. Cesar Chavez</i>	

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	\$ 1,150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,485.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,759.45
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 19_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

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: 8	
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-29-98	5 Full name of contributor NINA R. SCHENCK <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2001 BOWMAN AVE. AUSTIN, TX 78703			
9 Principal occupation STATE WORKER		10 Employer (optional)	
Date 2-8-98	Full name of contributor RAMIRO P. DIAZ <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10237 PINEHURST DR. AUSTIN, TX 78747			
Principal occupation RETIRED		Employer (optional)	
Date 2-10-98	Full name of contributor DR. DALE V. MILLER <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1704 RABB RD. AUSTIN, TX 78704			
Principal occupation SELF-EMPLOYED		Employer (optional)	
Date 2-10-98	Full name of contributor EARL L. KANETZKY <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4707 WEIDEMAR LANE AUSTIN, TX 78745			
Principal occupation SELF-EMPLOYED		Employer (optional)	
Date 2-10-98	Full name of contributor WILLIAM J. LEE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2901 BEE CAVES ROAD, BOX C AUSTIN, TX 78746			
Principal occupation SELF-EMPLOYED		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 Schedule A: <u>8</u>
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2 FILER NAME <u>RICHARD MOYA</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>2-11-98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>MARTHA A. MARTINEZ</u>	7 Amount of contribution (\$) <u>\$50.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>511 FORT DRUM AUSTIN, TX 78745</u>			

9 Principal occupation <u>STATE Employee</u>	10 Employer (optional)
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Date <u>11-19-97</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>E. BELINDA FLORES</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10927 CROWN COLONY AUSTIN, TX 78747</u>			

Principal occupation <u>STATE Employee</u>	Employer (optional)
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Date <u>2-15-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>FERNANDO ALBORNOZ</u>	Amount of contribution (\$) <u>\$25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1511 CHELSEA LANE AUSTIN, TX 78704</u>			

Principal occupation <u>EXECUTIVE Dir - TEXAS DEMO</u>	Employer (optional)
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Date <u>2-15-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>CHUCK McDONALD</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>701 BRAZOS, SUITE 1550 AUSTIN, TX 78701</u>			

Principal occupation <u>Self-Employed</u>	Employer (optional)
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Date <u>2-16-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>PETE G. MARTINEZ</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2700 E. 2nd St. AUSTIN, TX 78702</u>			

Principal occupation <u>Self-Employed</u>	Employer (optional)
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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 Schedule A: <i>8</i>	
2 FILER NAME <i>RICHARD MOYA</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2-19-98</i>	5 Full name of contributor <i>WALTER DESMOND</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 1148 AUSTIN, TX 78767</i>			
9 Principal occupation <i>Attorney</i>		10 Employer (optional)	
Date <i>2-23-98</i>	Full name of contributor <i>WILLIAM G. MOKRY</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1400 SOUTH CONGRESS AUSTIN, TX 78704-2497</i>			
Principal occupation <i>Car Dealer</i>		Employer (optional)	
Date <i>2-23-98</i>	Full name of contributor <i>MIKE RENFRO</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6406 FOREST HILLS DR. AUSTIN, TX 78746-5128</i>			
Principal occupation <i>STATE EMPLOYEE</i>		Employer (optional)	
Date <i>2-16-98</i>	Full name of contributor <i>DAVID STARR</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2141 NW MILITARY HWY SAN ANTONIO, TX 78213-1877</i>			
Principal occupation <i>Self-employed</i>		Employer (optional)	
Date <i>2-23-98</i>	Full name of contributor <i>JOE PRADO</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2512 So. IH35, STE 130 AUSTIN, TX 78704</i>			
Principal occupation <i>Real Estate</i>		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 Schedule A: 8

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-23-98

5 Full name of contributor

RUDY S. DAVILA

out of state PAC

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

704 BATTLE BEND BLVD.
AUSTIN, TX 78745

9 Principal occupation

STATE EMPLOYEE

10 Employer (optional)

Date

2-23-98

Full name of contributor

TERRENCE ORTIZ

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

717 BUCKINGHAM PLACE
AUSTIN, TX 78745

Principal occupation

ENGINEER

Employer (optional)

Date

2-23-98

Full name of contributor

FRANK ARREDONDO

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 748
SAN MARCOS, TX 78667

Principal occupation

DIRECTOR - CDA

Employer (optional)

Date

2-23-98

Full name of contributor

DEANNA JAIME

out of state PAC

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

221 CLOUD VIEW
AUSTIN, TX 78745

Principal occupation

SELF-EMPLOYED

Employer (optional)

Date

2-23-98

Full name of contributor

JAMES L. HARGROVE

out of state PAC

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10200 TREASURE ISLAND DR.
AUSTIN, TX 78730

Principal occupation

DIRECTOR - HDCA

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 Schedule A: 8

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-23-98

5 Full name of contributor

SANDRA MARTINEZ

out of state PAC

7 Amount of contribution (\$)

\$20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO Box 543
KYLE, TX 78640

9 Principal occupation

STATE Employee

10 Employer (optional)

Date

2-23-98

Full name of contributor

SELMA NAVARRO

out of state PAC

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4521 NEW HAMPSHIRE DR.
AUSTIN, TX 78758-7433

Principal occupation

HUMAN RESOURCE MGR

Employer (optional)

Date

2-23-98

Full name of contributor

IRIS JONES + ASSOCIATES, PC

out of state PAC

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

900 CONGRESS AVE., STE. 200
AUSTIN, TX 78701

Principal occupation

ATTORNEY

Employer (optional)

Date

2-23-98

Full name of contributor

MIGUEL "MIKE" GUERRERO

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

802 S. FIRST ST. BLDG. E, No 210
AUSTIN, TX 78704

Principal occupation

STATE Employee

Employer (optional)

Date

2-23-98

Full name of contributor

JULIAN VERA

out of state PAC

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1011 W. MONROE
AUSTIN, TX 78704

Principal occupation

STATE Employee

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 Schedule A: 8

2 FILER NAME

RICHARD MOYA

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-23-98

5 Full name of contributor

out of state PAC

RICARDO A. EVERETT

6 Contributor address; City; State; Zip Code

6403 So. MEADOWS BLVD.
AUSTIN, TX 78745

7 Amount of contribution (\$)

\$10⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation

UNKNOWN

10 Employer (optional)

Date

11-20-97

Full name of contributor

out of state PAC

IRENE MOYA RAMOS

Contributor address; City; State; Zip Code

9009 BLUE GUM DR.
AUSTIN, TX 78758

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation

House wife

Employer (optional)

Date

2-17-98

Full name of contributor

out of state PAC

JACOB Z. CASTILLO

Contributor address; City; State; Zip Code

17 LONE OAK TRAIL
AUSTIN, TX 78745
SUNSET VALLEY, TX

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Self-Employed

Employer (optional)

Date

2-18-98

Full name of contributor

out of state PAC

BRYAN DELEON

Contributor address; City; State; Zip Code

1600 So 1st St.
AUSTIN, TX 78704

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation

FUNERAL DIRECTOR

Employer (optional)

Date

2-18-98

Full name of contributor

out of state PAC

MR + MRS SAMUEL DELEON

Contributor address; City; State; Zip Code

1600 So. 1st St.
AUSTIN, TX 78704

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation

FUNERAL DIRECTOR

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 Schedule A: <u>8</u>	
2 FILER NAME <u>RICHARD MOYA</u>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-18-98</u>	5 Full name of contributor <u>F. CARRIZALES</u> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <u>\$100⁰⁰</u>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <u>1425-A RUTLAND DR. AUSTIN, TX 78758</u>					
9 Principal occupation <u>UNKNOWN</u>			10 Employer (optional)		
Date <u>2-19-98</u>	Full name of contributor <u>ROBERT J. KUHN</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>603 W. 8th ST. AUSTIN, TX 78701</u>					
Principal occupation <u>Attorney</u>			Employer (optional)		
Date <u>2-21-98</u>	Full name of contributor <u>BERTHA R. MOYA</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>8203 STILLWOOD LANE AUSTIN, TX 78757</u>					
Principal occupation <u>Retired</u>			Employer (optional)		
Date <u>2-21-98</u>	Full name of contributor <u>CHRISTINE M. GADNA</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>8203 STILLWOOD LANE AUSTIN, TX 78757</u>					
Principal occupation <u>ACCOUNTANT</u>			Employer (optional)		
Date <u>2-23-98</u>	Full name of contributor <u>MIKE GARZA</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <u>2710 C. 2nd ST. AUSTIN, TX 78702</u>					
Principal occupation <u>UNKNOWN</u>			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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>5</u>
2 FILER NAME <u>RICHARD MOYA</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2-10-98</u>	5 Payee name <u>MARLISSA TREVINO</u>	7 Amount (\$) <u>\$245.00</u>
6 Payee address; City; State; Zip Code <u>11624 JOLLEYVILLE RD #238 AUSTIN, TX 78759</u>		
8 Purpose of expenditure <u>TEMPORARY WORK</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <u>RICHARD MOYA - COMM. PCT. 4</u> Office sought / held
Date <u>2-10-98</u>	Payee name <u>OPINION ANALYSTS</u>	Amount (\$) <u>\$84.18</u>
Payee address; City; State; Zip Code <u>906 RIO GRANDE AUSTIN, TX 78701</u>		
Purpose of expenditure <u>LISTS</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <u>R. MOYA - COMM. PCT. 4</u> Office sought / held
Date <u>2-10-98</u>	Payee name <u>TEXAS PRINTING</u>	Amount (\$) <u>\$748.01</u>
Payee address; City; State; Zip Code <u>1209 E. CESAR CHAVEZ AUSTIN, TX 78702</u>		
Purpose of expenditure <u>PRINTING</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <u>R. MOYA - COMM. PCT. 4</u> Office sought / held
Date <u>2-11-98</u>	Payee name <u>PECAN FOOD MART</u>	Amount (\$) <u>418.00</u>
Payee address; City; State; Zip Code <u>2101 So. 1st ST AUSTIN, TX 78704</u>		
Purpose of expenditure <u>RENT</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name <u>R. MOYA - COMM. PCT. 4</u> 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: 5
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-12-98	5 Payee name U.S. POST MASTER	7 Amount (\$) \$320.⁰⁰
6 Payee address; City; State; Zip Code AUSTIN, TX		
8 Purpose of expenditure STAMPS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. MOYA - Comm. Pct. 4 Office sought / held
Date 2-12-98	Payee name KWICK COPY	Amount (\$) \$48.00
Payee address; City; State; Zip Code 2407 50th CONGRESS AUSTIN, TX 78704		
Purpose of expenditure COPIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. MOYA - Comm. Pct. 4 Office sought / held
Date 2-13-98	Payee name OPINION ANALYSTS	Amount (\$) \$421.81
Payee address; City; State; Zip Code 906 RIO GRANDE AUSTIN, TX 78701		
Purpose of expenditure VOTER LISTS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. MOYA - Comm. Pct. 4 Office sought / held
Date 2-21-98	Payee name SOUTH WESTERN BELL	Amount (\$) \$276.53
Payee address; City; State; Zip Code AUSTIN, TX		
Purpose of expenditure TELEPHONE BILL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. MOYA - Comm. Pct. 4 Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-18-98	5 Payee name MARISSA TREVINO	7 Amount (\$) \$294.00
6 Payee address; City; State; Zip Code 11624 JOLLEYVILLE RD # 238 AUSTIN, TX 78759		
8 Purpose of expenditure TEMPORARY WORK		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. MOYA - Comm. Pct. 4
Date 2-19-98	Payee name SMOKEY DENMARK SAUSAGE Co.	Amount (\$) \$132.60
Payee address; City; State; Zip Code 3505 E. 5th ST. AUSTIN, TX 78702		
Purpose of expenditure SAUSAGE & WEINERS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. MOYA - Comm. Pct. 4
Date 2-20-98	Payee name JENAS PRINTING	Amount (\$) \$989.41
Payee address; City; State; Zip Code 1209 E. CESAR CHAVEZ AUSTIN, TX 78702		
Purpose of expenditure PRINTING		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. MOYA - Comm Pct. 4
Date 2-24-98	Payee name MARISSA TREVINO	Amount (\$) \$324.00
Payee address; City; State; Zip Code 11624 JOLLEYVILLE RD # 238 AUSTIN, TX 78759		
Purpose of expenditure TEMPORARY WORK		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. MOYA - Comm Pct. 4

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: 5
2 FILER NAME RICHARD MOYA		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-24-98	5 Payee name U S POST MASTER	7 Amount (\$) \$366.21
6 Payee address; City; State; Zip Code AUSTIN, TX		
8 Purpose of expenditure STAMPS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. Moya - Comm. Pet. 4
Date 2-25-98	Payee name OPINION ANALYSTS	Amount (\$) \$134.58
Payee address; City; State; Zip Code 906 RIO GRANDE AUSTIN, TX 78701		
Purpose of expenditure VOTER LISTS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. Moya - Comm. Pet. 4
Date 2-26-98	Payee name KWICK COPY	Amount (\$) \$28.83
Payee address; City; State; Zip Code 2407 So. CONGRESS AUSTIN, TX 78704		
Purpose of expenditure COPIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. Moya - Comm. Pet. 4
Date 2-3-98	Payee name PARKS AND RECREATION DEPT. - C.O.A.	Amount (\$) \$300⁰⁰
Payee address; City; State; Zip Code AUSTIN, TX		
Purpose of expenditure FIESTA GARDEN RENTAL		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held R. Moya - Comm. Pet. 4

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: <u>5</u>
2 FILER NAME <u>RICHARD MOYA</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2-27-98</u>	5 Payee name <u>McCOYS BUILDING SUPPLY CENTER</u>	7 Amount (\$) <u>\$292.04</u>
6 Payee address; City; State; Zip Code <u>6200 BURLESON AUSTIN, TX 78744</u>		
8 Purpose of expenditure <u>SIGN MATERIAL</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <u>R. MOYA - Comm. Pct. 4</u>
Date <u>3-1-98</u>	Payee name <u>MARISSA TREVINO</u>	Amount (\$) <u>\$266.00</u>
Payee address; City; State; Zip Code <u>11624 JOLLEYVILLE RD # 238 AUSTIN, TX 78759</u>		
Purpose of expenditure <u>TEMPORARY WORK</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <u>R. MOYA - Comm. Pct. 4</u>
Date <u>3-1-98</u>	Payee name <u>C.O.A. UTILITIES</u>	Amount (\$) <u>\$37.77</u>
Payee address; City; State; Zip Code <u>AUSTIN, TX</u>		
Purpose of expenditure <u>WATER & LIGHT</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <u>R. MOYA - Comm. Pct. 4</u>
Date <u>3-1-98</u>	Payee name <u>MEDIA NATIONS</u>	Amount (\$) <u>\$32.48</u>
Payee address; City; State; Zip Code <u>4009 JAFFNA COVE AUSTIN, TX 78749</u>		
Purpose of expenditure <u>GRAPHICS</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <u>R. MOYA - Comm. Pct. 4</u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED