

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3955

## 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:  
**5**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
**Jeffrey R**  
NICKNAME LAST SUFFIX  
**Jeff Casey**

OFFICE USE ONLY

Date Received  
**MAR 3 10 49 AM '98**  
FILED  
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6530 Needham Ln  
Austin, TX 78739**

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
**Lisa K**  
NICKNAME LAST SUFFIX  
**Casey**

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  
**6530 Needham Ln  
Austin, TX 78739**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 288-0998**

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 / 30 / 98    2 / 28 / 98**

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)  
**—**

12 OFFICE SOUGHT (if known)

**Justice of the Peace Pet-3**

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Jeffrey R. Casey*

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

*\$25.00*

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

*\$1,062.20*

EXPENDITURE TOTALS

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

*\$ 86.01*

4. TOTAL POLITICAL EXPENDITURES

*\$ 385.82*

OUTSTANDING LOAN TOTALS

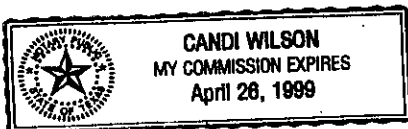
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

*\$ 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 *Jeffrey R. Casey* this the *3<sup>rd</sup>* day of *March* 19 *98*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

*Candi Wilson*

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 Schedule A: <u>2</u>	
2 FILER NAME <u>Jeffrey R. Casey</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>11/30/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Amy Garman</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6532 Needham Ln Austin, TX 78739</u>			
9 Principal occupation <u>homenaker</u>		10 Employer (optional)	
Date <u>11/30/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Dorothea Barr</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11619 Q Ranch Rd Austin, TX 78759</u>			
Principal occupation <u>Retired</u>		Employer (optional)	
Date <u>2/1/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Robert Kirby</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8022 Bobcat Cir Sarasota, FL 34238</u>			
Principal occupation <u>Retired</u>		Employer (optional)	
Date <u>2/11/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>P.F. Lee, M.D.</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>421 Lincoln Dr. Guilderland, NY 12084</u>			
Principal occupation <u>Physician</u>		Employer (optional)	
Date <u>2/14/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Jeffrey Rabkin</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11004 Pebble Garden Ln Austin, TX 78739</u>			
Principal occupation <u>Printer</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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A: <u>2</u>
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2 FILER NAME <u>Jeffrey Casey</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>2/3/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Paul Dunham</u>	7 Amount of contribution (\$) <u>187.20</u>	8 In-kind contribution description(if applicable) <u>Postage</u>
6 Contributor address; City; State; Zip Code <u>400 W. 15th, Ste 1460 Austin, TX 78701</u>			

9 Principal occupation <u>Attorney</u>	10 Employer (optional)
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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)
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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)
----------------------	---------------------

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)
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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

Jeffrey Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/17/98

5 Payee name

Ablesision of Lake Travis

6 Payee address;

City; State; Zip Code

919 Ranch Road 620 S. Austin TX 78734

8 Amount (\$)

112.61

7 Purpose of expenditure

television advertisement



Reimbursement from political contributions intended

Date

2/3/98

Payee name

US PS

Payee address;

City; State; Zip Code

8225 Cross Park Dr Austin, TX

Amount (\$)

187.20

Purpose of expenditure

postage



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)



Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure

Amount (\$)



Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED