

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3966

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:  4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received MAR 3 3 23 PM '98 FILED CLERK TRAVIS COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Receipt #	
	PO Box 180896; Austin, TX 78718	HD / PM Amount	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX	Date Imaged	
	THOMAS R CAGLEY		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4801 NICKOLS CROSSING; AUSTIN, TX 78744		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	( ) 447-8065		
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	THROUGH	Month Day Year
	2 / 1 / 98		2 / 28 / 98
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	3 / 10 / 98		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		Travis County J.P. #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

NATHAN H. ZOOK

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

\$ 305<sup>00</sup>

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

\$ 430<sup>00</sup>

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

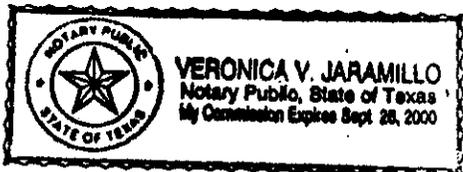
\$ 45<sup>00</sup>

OUTSTANDING LOAN TOTALS

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

\$ 250<sup>00</sup>

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.

Nathan H. Zook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NATHAN HOWARD ZOOK this the 3<sup>rd</sup> day of MARCH 19 98, to certify which, witness my hand and seal of office.

Veronica V. Jaramillo  
Signature of officer administering oath

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>1</u>	
2 FILER NAME <u>NATHAN H. ZOOK</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/6/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>JOANNA CLAUDY</u>	7 Amount of contribution (\$) <u>\$100</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>6723 DRAUMOND DR; AUSTIN, TX 78750</u>			
9 Principal occupation <u>HOUSE WIFE</u>		10 Employer (optional)	
Date <u>2/17/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>WAYNE THORBUAN</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>8717 WILD RIDGE DR; AUSTIN, TX 78759</u>			
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)	
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.

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: <u>1</u>
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/13/98</u>	5 Payee name <u>TCRP</u>	7 Amount (\$) <u>145</u>
6 Payee address; City; State; Zip Code <u>1300 W KORNBLAU #103; AUSTIN, TX, 78756</u>		

8 Purpose of expenditure <u>NEWSLETTER AD</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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