

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3969

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: Five (5) | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px dashed black;">TITLE</td> <td style="width:33%; border-bottom: 1px dashed black;">FIRST</td> <td style="width:33%; border-bottom: 1px dashed black;">MI</td> </tr> <tr> <td>Mr.</td> <td>Laurin</td> <td>C</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> <tr> <td></td> <td>Currie</td> <td></td> </tr> </table> | | TITLE | FIRST | MI | Mr. | Laurin | C | NICKNAME | LAST | SUFFIX | | Currie | | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>FILED</p> <p>R 3 3 50 PM '98</p> <p>CLERK OF COURTS AVIS COUNTY, TEXAS</p> </div> | | | | | | |
| TITLE | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| Mr. | Laurin | C | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| | Currie | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX,</td> <td style="width:15%;">APT / SUITE #,</td> <td style="width:15%;">CITY,</td> <td style="width:10%;">STATE:</td> <td style="width:27%;">ZIP CODE</td> </tr> <tr> <td colspan="5">8901 Rockcrest Drive, Austin, Texas 78759-7319</td> </tr> </table> | | ADDRESS / PO BOX, | APT / SUITE #, | CITY, | STATE: | ZIP CODE | 8901 Rockcrest Drive, Austin, Texas 78759-7319 | | | | | | | | | | | | | |
| ADDRESS / PO BOX, | APT / SUITE #, | CITY, | STATE: | ZIP CODE | | | | | | | | | | | | | | | | | |
| 8901 Rockcrest Drive, Austin, Texas 78759-7319 | | | | | | | | | | | | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px dashed black;">TITLE</td> <td style="width:33%; border-bottom: 1px dashed black;">FIRST</td> <td style="width:33%; border-bottom: 1px dashed black;">MI</td> </tr> <tr> <td>Mr.</td> <td>Robert</td> <td>E.</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> <tr> <td>Bob</td> <td>Swanson</td> <td></td> </tr> </table> | | TITLE | FIRST | MI | Mr. | Robert | E. | NICKNAME | LAST | SUFFIX | Bob | Swanson | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Receipt #</td> </tr> <tr> <td style="width:50%;">HD / PM</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> </table> | Receipt # | | HD / PM | Amount | Date Processed | |
| TITLE | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| Mr. | Robert | E. | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| Bob | Swanson | | | | | | | | | | | | | | | | | | | | |
| Receipt # | | | | | | | | | | | | | | | | | | | | | |
| HD / PM | Amount | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">STREET ADDRESS (NO PO BOX PLEASE),</td> <td style="width:15%;">APT / SUITE #,</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:27%;">ZIP CODE</td> </tr> <tr> <td colspan="5">8901 Rockcrest Drive, Austin, Texas 78759-7319</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE), | APT / SUITE #, | CITY: | STATE: | ZIP CODE | 8901 Rockcrest Drive, Austin, Texas 78759-7319 | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE), | APT / SUITE #, | CITY: | STATE: | ZIP CODE | | | | | | | | | | | | | | | | | |
| 8901 Rockcrest Drive, Austin, Texas 78759-7319 | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>346-6561</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (512) | 346-6561 | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| (512) | 346-6561 | | | | | | | | | | | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <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) | | | | | | | | | | |
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| 9 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>Jan</td> <td>/ 30</td> <td>/ 1998</td> <td></td> <td>Feb</td> <td>/ 28</td> <td>/ 1998</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | Jan | / 30 | / 1998 | | Feb | / 28 | / 1998 | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | | | |
| Jan | / 30 | / 1998 | | Feb | / 28 | / 1998 | | | | | | | | | | | | | | | |
| 10 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td>March / 10 / 1998</td> <td colspan="3"></td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | | | Month Day Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> General | <input type="checkbox"/> Special | March / 10 / 1998 | | | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | |
| Month Day Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | |
| March / 10 / 1998 | | | | | | | | | | | | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) Justice of the Peace, Precinct 2 | | | | | | | | | | | | | | | | | | | |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | <p>** 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. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #, City, State; Zip Code</p> <p><input type="checkbox"/> additional pages</p> | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Laurin C Currie

15 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 500.00

EXPENDITURE
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1,046.23

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, 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

Laurin Currie

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laurin Currie, this the 3rd day of March, 19 98 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath ROSEN M. STONE

Title of officer administering oath



Notary Public, State of Texas
My Commission Expires
JAN. 30, 2001

Revised Nov. '93

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A:
One (1) [Page 1 of 1, Sch A]

2 FILER NAME
Laurin Currie

3 ACCOUNT # (Ethics Commission files)

4 Date
1/2/98

5 Full name of contributor out of state PAC
Laurin Currie
6 Contributor address; City; State; Zip Code
8901 Rockcrest Drive, Austin, Texas 78759-7319

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)
\$500.00-office space, postage, phone, fax, computer, office supplies & equipment

9 Principal occupation
Mediator/Counselor/Attorney

10 Employer (optional)
Self

***Laurin Currie has intentionally not
sought contributions
in the
Republican Primary Race
for
Justice of the Peace, Precinct 2.***

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icable)
tion
icable)
tion
icable)

Printed on recycled paper

Date

Full name of contributor out of state PAC
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

| | | |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: Two [Page 1 of 2, Sch G] |
| 2 FILER NAME Laurin Currie | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 2/16/98 | 5 Payee name Travis County Republican Party 6 Payee address: City: State: Zip Code 1300 West Koenig Lane, Austin, TX 78756 7 Purpose of expenditure Advertisng | 8 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 2/03/98 | Payee name Postnet Payee address: City: State: Zip Code 8024 Mesa Drive, Austin, TX 78731 Purpose of expenditure Notary Services | Amount (\$) 5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 2/09/98 | Payee name Postnet Payee address: City: State: Zip Code 8024 Mesa Drive, Austin, TX 78731 Purpose of expenditure Notary, copies, U.S. Certified Mail rrr | Amount (\$) 9.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 2/25/98 | Payee name KLBj Radio Payee address: City: State: Zip Code 8309 N. IH-35, Austin, TX 78753 Purpose of expenditure Advertisng | Amount (\$) 289.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 2/25/98 | Payee name Back-in-a-Flash Payee address: City: State: Zip Code Northcross Mall, Austin, Texas 78757 Purpose of expenditure Film services | Amount (\$) 10.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | | |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: Two [Page 2 of 2, Sch G] |
| 2 FILER NAME <p style="text-align: center;">Laurin Currie</p> | | 3 ACCOUNT # (Ethics Commission files) |
| 4 Date <p style="text-align: center;">2/27/98</p> | 5 Payee name Pflugerville Plag 6 Payee address; City; State; Zip Code P. O. Box 447, Pflugerville, TX 78691-0447 7 Purpose of expenditure Advertizing | 8 Amount (\$) \$290.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date <p style="text-align: center;">2/27/98</p> | Payee name North Lake Travis Log Payee address; City; State; Zip Code P. O. Box 4410, Lago Vista, TX 78645 Purpose of expenditure Advertizing | Amount (\$) 242.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code Purpose of expenditure | Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED