

3982

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 24

FILED MAR 15 12 22 PM '98

12 COMMITTEE NAME 60 Hours Committee		13 ACCOUNT # (Ethics Commission Years)
14 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9270.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 119.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 7786.95
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

16 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.

Mary Kochs
Signature of campaign treasurer

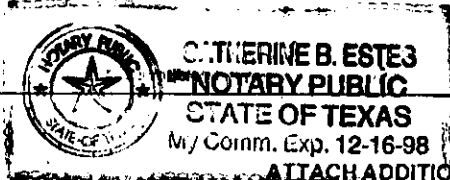
AFFIX NOTARY STAMP / SEAL ABOVE

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

Catherine B. Estes
Signature of officer administering oath

CATHERINE B. ESTES
Print name of officer administering oath

Notary
Title of officer administering oath



FILED MAR 4 12 22 PM '98 TRAVIS COUNTY, TEXAS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL CONTRIBUTIONS
 OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A

7

2 FILER NAME

60 Hours Committee

3 ACCOUNT # (Ethics Commission files)

4 Date

2/1/98

5 Full name of contributor

Herman Tex Moten Sr

out-of-state PAC

7 Amount of contribution (\$)

50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

8902 Mt. Barlett, Austin, TX 78759

9 Principal occupation

10 Employer (optional)

Date

2/1/98

Full name of contributor

H.W. Kochs, Jr.

out-of-state PAC

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

6701 Lexington Rd. Austin TX 78757

Principal occupation

Retired

Employer (optional)

Date

2/1/98

Full name of contributor

WINSTON MARTIN

out-of-state PAC

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

131 SHARON DR.
 SAN ANTONIO TX 78216

Principal occupation

retired

Employer (optional)

Date

2/1/98

Full name of contributor

Albert W. Holmes

out-of-state PAC

Amount of contribution (\$)

25.-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

7800 Shoal Creek
 Austin TX 78757

Principal occupation

Employer (optional)

Date

2/1/98

Full name of contributor

Guy C. Fisher

out-of-state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

221 W. 6th, Austin, TX 78701

Principal occupation

attorney

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 this Schedule A.

2 FILER NAME

610 Houts Committee

3 ACCOUNT # (Ethics Commission file)

4 Date

2/1/98

5 Full name of contributor

Jose I. Guerra

out of state PAC

7 Amount of contribution (\$)

100.-

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

908 Castle Ridge Rd.
 Austin, Tx 78746

9 Principal occupation

10 Employer (optional)

Date

2/1/98

Full name of contributor

Wallace Pellerin

out of state PAC

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

8806 Mountain Path Cir.
 Austin Tx 78759

Principal occupation

Employer (optional)

Date

2/1/98

Full name of contributor

Jonas Silberstein

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

3304 Cherry Tree Circle
 Austin Tx 78731

Principal occupation

Employer (optional)

Date

2/1/98

Full name of contributor

Julie Kocurek

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

1508 Pease Rd
 Austin, Tx 78703

Principal occupation

Employer (optional)

Date

2/1/98

Full name of contributor

Bette J. Millis

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

2502 Barkwood
 Austin Tx 78748

Principal occupation

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 this Schedule A:

2 FILER NAME

60 Hours Committee

3 ACCOUNT # (Elections Commission filers)

4 Date

2/1/98

5 Full name of contributor

Frances L. Colby

out of state PAC

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

2403 Homedale Circle
 Austin, TX 78704

9 Principal occupation

10 Employer (optional)

Date

2/1/98

Full name of contributor

Bryan Hardeman

out of state PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2711 Scenic Dr.
 Austin TX 78703

Principal occupation

Employer (optional)

Date

2/3/98

Full name of contributor

Robert C. Siddons

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Box 2125
 Austin, TX 78768

Principal occupation

Employer (optional)

Date

2/3/98

Full name of contributor

James Jimmerson

out of state PAC

Amount of contribution (\$)

1000.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6401 Old Harbor
 Austin TX 78739

Principal occupation

Employer (optional)

Date

2/3/98

Full name of contributor

Waldo Edisen

out of state PAC

Amount of contribution (\$)

20.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6210 Hillston
 Austin TX 78745

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Go Home Committee

3 ACCOUNT # (Ethics Commission uses)

4 Date

2/3/98

5 Full name of contributor

Leroy F. Nagel

out of state PAC

7 Amount of contribution (\$)

250.-

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

4203 Venado Drive
Austin Tx 78731

9 Principal occupation

10 Employer (optional)

Date

2/3

Full name of contributor

Friends of Todd Baxter

out of state PAC

Amount of contribution (\$)

25.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3210 Tehama Cr.
Austin Tx 78733

Principal occupation

Employer (optional)

Date

2/3

Full name of contributor

Friends of Jeff Wentworth

out of state PAC

Amount of contribution (\$)

1000.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Box 6274
San Antonio Tx 78209

Principal occupation

Employer (optional)

Date

2/10

Full name of contributor

Frank Kibelin

out of state PAC

Amount of contribution (\$)

200.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6989 Helson Way, Dallas, Tx
75230

Principal occupation

Employer (optional)

Date

2/10

Full name of contributor

Mark Finley

out of state PAC

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

510 Guadalupe #2086
Austin Tx 78768

Principal occupation

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 this Schedule A.

2 FILER NAME

60 Hours Commitee

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/10/98

5 Full name of contributor

John E. Simmons

out of state PAC

7 Amount of contribution (\$)

\$1000.-

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

3215 Steck Ave. #101, Austin, Tx 78757

9 Principal occupation

10 Employer (optional)

Date

2/10/98

Full name of contributor

James H. Coleman

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

6012 Bee Cave Rd. Austin, Tx 78746

Principal occupation

Employer (optional)

Date

2/12/98

Full name of contributor

Mayloro Armstrong

out of state PAC

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

919 Congress Ave. Austin Tx 78701

Principal occupation

Employer (optional)

Date

2/12/98

Full name of contributor

Mike Willatt

out of state PAC

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2001 N. Lamar Austin, Tx 78705

Principal occupation

Employer (optional)

Date

2/12/98

Full name of contributor

Fulbrun M.T. Jaworski

out of state PAC

Amount of contribution (\$)

1000.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

600 Congress Ave. #2400 Austin Tx 78701

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A.

2 FILER NAME

Go Hairs Committee

3 ACCOUNT # (Ethics Commission files)

4 Date

2/18/98

5 Full name of contributor

Ralph E. Reed

out of state PAC

7 Amount of contribution (\$)

\$1000.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1712 Rio Grande, Austin, TX 78701

9 Principal occupation

10 Employer (optional)

Date

2/19/98

Full name of contributor

Saxon Fox

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. Box 5277, Austin TX 78763

Principal occupation

Real Estate Broker

Employer (optional)

Date

2/19/98

Full name of contributor

Thomas Buffington

out of state PAC

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3120 ABOVE STRATFORD PL.
AUSTIN TX 78746

Principal occupation

Employer (optional)

Date

2/20/98

Full name of contributor

AUSTIN EAGLE MGMT. SERVICES LTD

out of state PAC

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Box 16240
Austin TX 78716

Principal occupation

Employer (optional)

Date

2/22

Full name of contributor

Terry Bray

out of state PAC

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Box 98
Austin, TX 78767

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A.	
2 FILER NAME 60 Hours Committee			3 ACCOUNT # (Ethics Commission Only)	
4 Date 2/23/98	5 Full name of contributor David H. Miller <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code 10610 Morado Cir Austin Tx 78759				
9 Principal occupation		10 Employer (optional)		
Date 2/23/98	Full name of contributor The Daniel C.H. Trust <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.-	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 2501 Scenic Drive Austin Tx 78703				
Principal occupation		Employer (optional)		
Date 2/26/98	Full name of contributor Robert Lloyd <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.-	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code Box 1725, Austin, Tx 78767				
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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8508

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F:

2 FILER NAME

60 Hours Committee

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Payee name

7 Amount (\$)

2/5/98

Banner Sign Graphics

6 Payee address; City, State, Zip Code

650 Canyon St, Austin Tx 78752

454.65

8 Purpose of expenditure

Signs

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/5/98

Barron Printing Service

Payee address; City, State, Zip Code

1514 Ed Bluestein #312
Austin Tx 78721

1733.08

Purpose of expenditure

Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/17/98

Julie Barron

Payee address; City, State, Zip Code

1514 Ed Bluestein #312
Austin Tx 78721

681.00

Purpose of expenditure

Business Services

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/17/98

US Postmaster

Payee address; City, State, Zip Code

2300 Lohmans Crossing, Austin Tx 78734

32.00

Purpose of expenditure

Stamp

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F:

2 FILER NAME

GO HOURS COMMITTEE

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

2/17/98

Hype Shop

6 Payee address: City, State, Zip Code

905 Hillwood, Austin, Tx 78745

\$250.00

8 Purpose of expenditure

GRAPHICS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

2-18-98

Todd Baxter

Payee address: City, State, Zip Code

Box 161122
Austin Tx 78716

25.00

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

2/23/98

Chris Saunders

Payee address: City, State, Zip Code

3713 Windsor Rd., Austin Tx 78703

\$500.00

Purpose of expenditure

ARTWORK

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

2/26/98

AUSTIN PRINTING

Payee address: City, State, Zip Code

501 W. 3rd, Austin Tx 78701

\$3900.00

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F:
2 FILER NAME 60 Hours Committee		3 ACCOUNT # (Ethics Commission File)
4 Date 2/15/98	5 Payee name R.L. Forest 6 Payee address; City; State; Zip Code 434 Round Mountain, Austin TX 78734	7 Amount (\$) \$90.-
8 Purpose of expenditure Business Services		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/26/98	Payee name HOME DEPOT Payee address; City; State; Zip Code 10107 Research Blvd. Austin TX 78759	Amount (\$) 321.22
Purpose of expenditure Sign Material		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800

1-800 325-8506

RETURNED POLITICAL CONTRIBUTIONS

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule J:
2 FILER NAME <i>Go Home Committee</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date Returned <i>2/14/98</i>	5 Payor name <i>SALJAR Inc.</i> 6 Payor address: <i>2003 E. Riverside</i> <i>Austin Tx 78741</i>	7 Amount Returned (\$) <i>\$250. -</i>
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)
Date Returned	Payor name Payor address: City: State: Zip Code	Amount Returned (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED