

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3983

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  
KATHERINE ANN  
NICKNAME LAST SUFFIX  
"ANN GRAHAM" GRAHAM (CRAVATT)

OFFICE USE ONLY

Date Received: 8 MAR 10 03 AM '98  
TRAVIS COUNTY CLERK  
TRAVIS COUNTY, TEXAS  
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
6204 Lost Creek Circle AUSTIN TX 78746

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
KATHERINE ANN  
NICKNAME LAST SUFFIX  
"ANN GRAHAM" GRAHAM (CRAVATT)

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  
6204 Lost Creek Circle AUSTIN, TX 78746

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 329-2559

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 Month Day Year  
1 / 30 / 98 THROUGH 2 / 28 / 98

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

TRAVIS COUNTY COMMISSIONER  
PCT. 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

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,975.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 22,802.63
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE  
TOTALS

OUTSTANDING  
LOAN TOTALS

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.

*Ann Graham*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Graham this the 3rd day of March

19 98, to certify which, witness my hand and seal of office.

*Sherril Lynann Davis*  
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

Total Pages Schedule A 2

Filer Name: "Ann Graham" Katherine Ann Graham (Cravatt)

Date	Full Name of Contributor & Address & Occupation	Amount of Contribution	In-kind contribution description
2/3/98	Joseph Lynn Nabers 111 Congress Ave., Suite 1200 Austin, TX 78701 Attorney	\$100.00	
2/6/98	Amy C. Wright 109 E. 10th St., Suite 200 Austin, TX 78701 Attorney	\$25.00	
2/6/98	M.G. Price 3800 Stoneridge Rd. Austin, TX 78746 Rancher	\$50.00	
2/6/98	Pete Winstead 100 Congress, Suite 800 Austin, TX 78701 Attorney	\$250.00	
2/12/98	Melvin E. Waxler 3920 Glengarry Drive Austin, TX 78731 Attorney	\$100.00	
2/12/98	E.V. Niemeyer, Jr. 1100 Crystal Creek Drive Austin, TX 78746 Retired	\$25.00	
2/18/98	David Armbrust 100 Congress, 13th Floor Austin, TX 78701 Attorney	\$500.00	
2/25/98	Michael Whellan 4605 Ramsey Ave. Austin, TX 78756 Attorney	\$50.00	

2/25/98	Joanlys B. Smith 1101 Capital of TX HWY S., BldgH Austin, TX 78746 Attorney	\$200.00	
2/25/98	Jan Geistman 1803 Brookhaven Drive Austin, TX 78704 Recruiter	\$150.00	
2/27/98	Scott Ozmun 15 Pascal Lane Austin, TX 78746 Attorney	\$250	
2/27/98	John Blazier 221 W. 6th Street, Suite 1500 Austin, TX 78701 Attorney	\$100	
2/28/98	Barbara Marquardt 2301 River Hills Rd. Austin, TX 78733 Attorney	\$25.00	
2/28/98	Carolyn Swinnea 1902 Winter Park Austin, TX 78746	\$50.00	
<hr/>			
SUBTOTAL		\$1,875.00	
2/2/98	Fred Klingensmith 6205 Lost Creek Circle Austin, TX 78746 Computer Company Executive	\$100.00	Loan of Computer
TOTAL		\$1,975.00	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

"ANN GRAHAM" KATHERINE ANN GRAHAM (CRAVATT)

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1

5 Payee name

MARSHA MITCHELL

7 Amount (\$)

\$ 1,225.00

6 Payee address; City; State; Zip Code

4507 DORSETT OAKS  
AUSTIN, TX 78727

8 Purpose of expenditure

CAMPAIGN MANAGER FEE

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/10

Payee name

US Postal Service

Amount (\$)

\$ 96.00

Payee address; City; State; Zip Code

3217 Bee Caves Rd.  
Austin, TX 78746

Purpose of expenditure

Stamps for mailer

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/10

Payee name

La Casa Imports

Amount (\$)

\$ 800.00

Payee address; City; State; Zip Code

10400 Manchaca  
Austin, TX 78748

Purpose of expenditure

\$500 Campaign Office deposit  
\$300 Rent

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/18

Payee name

Travis County Democratic Party

Amount (\$)

\$ 100.00

Payee address; City; State; Zip Code

1905 N. Lamar  
Austin, TX 78705

Purpose of expenditure

Advertisement

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

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: 2
2 FILER NAME "ANN GRAHAM" KATHERINE ANN GRAHAM (GRAHAM)		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/19	5 Payee name Opinion Analysts 6 Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701	7 Amount (\$) \$27.06
8 Purpose of expenditure walk lists		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/25	Payee name U.S. Postal Service Payee address; City; State; Zip Code 3217 Bee Caves Rd. Austin, TX 78746	Amount (\$) \$96.00
Purpose of expenditure Stamps for mailer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/27	Payee name U.S. Postal Service Payee address; City; State; Zip Code 3217 Bee Caves Rd. Austin, TX 78746	Amount (\$) \$64.00
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
		TOTAL = \$2,408.06

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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:

2

2 FILER NAME

"ANN GRAHAM" KATHERINE ANN GRAHAM (GRAHAM)

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount (\$)	Reimbursement from political contributions intended
2/12	Opinion Analysts	906 Rio Grande Austin, TX 78701	precinct lists	\$179.66	<input checked="" type="checkbox"/>
2/12	EHORY + YOUNG	98 San Jacinto #600 Austin, TX 78701	photos	\$274.21	<input checked="" type="checkbox"/>
2/19	EHORY + YOUNG	98 San Jacinto #600 Austin, TX 78701	Walk Flyer, Mailers + Postage	\$10,377.17	<input checked="" type="checkbox"/>
2/19	Charlotte Graves	3602 Purple Heron Austin, TX 78746	Campaign Mgr. Fee	\$900.00	<input checked="" type="checkbox"/>
2/25	U.S. Postal Service	3217 Bee Caves Rd Austin, TX 78746	Postage for Mailer	\$830.56	<input checked="" type="checkbox"/>

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:

2

2 FILER NAME

"ANN GRAHAM" KATHERINE ANN GRAHAM (CRAWATT)

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/26

5 Payee name

ETORY + YOUNG

6 Payee address; City; State; Zip Code

98 San Jacinto #600, Austin, TX 78701

7 Purpose of expenditure

Mailer + Postage

8 Amount (\$)

\$ 7,827.17

Reimbursement from political contributions intended

Date

2/11

Payee name

Travis County

Payee address; City; State; Zip Code

Main Courthouse, Austin, TX 78701

Purpose of expenditure

Notary Fee

Amount (\$)

\$ 3.00

Reimbursement from political contributions intended

Date

2/11

Payee name

Travis County Law Library

Payee address; City; State; Zip Code

Main Courthouse, Austin, TX 78701

Purpose of expenditure

Copies

Amount (\$)

\$ 2.80

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

Total \$ 20,394.57

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED