

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Stacy Dukes - Phone Campaign

13 ACCOUNT # (Ethics Commission) 3990

14 NO REPORTABLE ACTIVITY 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	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,515.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,422.30
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,826.69

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.

Nancy Fisher
Signature of campaign treasurer

POSTMARKED 03/03/98
MAR 5 9 12 AM '98
FILED
TRAVIS COUNTY TEXAS



AFFIX NOTARY STAMP / SEAL ABOVE

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

Stacey Dey Jefferson Stacey dey Jefferson Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

-1-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3976

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
Mrs. Stacy C
NICKNAME LAST SUFFIX

Dukes - Rhone

OFFICE USE ONLY

Date Received

FILED
MAR 3 4 59 PM '98
COUNTY CLERK
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. Box 15687 Austin TX 78761

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Ms. Nancy C
NICKNAME LAST SUFFIX

Fisher

Receipt #

HD / PM

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1122 Colorado Suite 301
Austin, TX 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 477-8405

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
2 / 1 / 98 THROUGH 3 / 2 / 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)

COUNTY COMMISSIONER PCT #1

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
Stacy Dukes - Rhone Campaign

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

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.



Stacy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Stacey Dey Jefferson
Signature of officer administering oath

Stacey Dey Jefferson
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:	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/98	5 Full name of contributor <input type="checkbox"/> out of state PAC Luther C. Simond	7 Amount of contribution (\$) 500.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2005 Hamilton 78702			
9 Principal occupation		10 Employer (optional)	
Date 2/4	Full name of contributor <input type="checkbox"/> out of state PAC Martin Leff	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5905 Mt. Bonnell 78731			
Principal occupation		Employer (optional)	
Date 2/4	Full name of contributor <input type="checkbox"/> out of state PAC Lorraine Phillips	Amount of contribution (\$) 25.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6113 Reicher 78723			
Principal occupation		Employer (optional)	
Date 2/4	Full name of contributor <input type="checkbox"/> out of state PAC Gene Fondren	Amount of contribution (\$) 500.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1028 78767			
Principal occupation		Employer (optional)	
Date 2/7	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. Veryl Reid	Amount of contribution (\$) 10.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1704 Harvey 78702			
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 filing requirements.

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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 Schedule A:	
2 FILER NAME: <p style="text-align: center;">Stacy Dukes-Rhone Campaign</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">2/9</p>	5 Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Fu Ching Chow</p>	7 Amount of contribution (\$) <p style="text-align: center;">250.</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">2201 Teckla Amarillo, TX 79106</p>			
9 Principal occupation		10 Employer (optional)	
Date <p style="text-align: center;">2/11</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Robert Davis</p>	Amount of contribution (\$) <p style="text-align: center;">50.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3607 Pinnacle # 111 78746</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/13</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Kay Gregory</p>	Amount of contribution (\$) <p style="text-align: center;">100.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2909 W. Lake Cove 78746</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/12</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Orenton Family</p>	Amount of contribution (\$) <p style="text-align: center;">200.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5101 Regency 78724</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/15</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Leroy Wormley</p>	Amount of contribution (\$) <p style="text-align: center;">100.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">9007 Rockcrest 78759</p>			
Principal occupation		Employer (optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21

5 Full name of contributor

Elvis Shoaif

out of state PAC

6 Contributor address; City; State; Zip Code

10206 Faylin
78753

7 Amount of contribution (\$)

50.

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/21

Full name of contributor

Michael Von Orlen

out of state PAC

Contributor address; City; State; Zip Code

9509 Leaning Rock
78730

Amount of contribution (\$)

250.

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/23

Full name of contributor

Melvin Wrenn

out of state PAC

Contributor address; City; State; Zip Code

Box 142993
78714

Amount of contribution (\$)

25.

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/23

Full name of contributor

Aziz Laurent

out of state PAC

Contributor address; City; State; Zip Code

1625 Cabinwood
78746

Amount of contribution (\$)

50.

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/23

Full name of contributor

Joi Hardin

out of state PAC

Contributor address; City; State; Zip Code

10507 Cooper Hill
78758

Amount of contribution (\$)

50.

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.

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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 Schedule A:	
2 FILER NAME <p style="text-align: center;">Stacy Dukes-Rhone Campaign</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">2/23</p>	5 Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">La Quinta Wardsworth</p>	7 Amount of contribution (\$) <p style="text-align: center;">25.</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">7038 Jay Houston, TX 77028</p>			
9 Principal occupation		10 Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Ramon King</p>	Amount of contribution (\$) <p style="text-align: center;">100.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1800 Guadalupe #2C 78701</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Warren Nicholas</p>	Amount of contribution (\$) <p style="text-align: center;">50.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">5705 Whitebrook 78724</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Myneca Ojo</p>	Amount of contribution (\$) <p style="text-align: center;">10.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3101 Shauline Drive #122 78728</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Thomas Henderson</p>	Amount of contribution (\$) <p style="text-align: center;">150</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">PO Box 1415 78767</p>			
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.

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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 Schedule A:	
2 FILER NAME <p style="text-align: center;">Stacy Dukes-Rhone Campaign</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">2/23</p>	5 Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Charlesetta Wormley</p>	7 Amount of contribution (\$) <p style="text-align: center;">20.</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">9007 Rockcrest 78759</p>			
9 Principal occupation		10 Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Andriann Broaders</p>	Amount of contribution (\$) <p style="text-align: center;">10.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2600 Gracy Farms #925 78758</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Jocy Wright</p>	Amount of contribution (\$) <p style="text-align: center;">10.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">308 Winecup Cedar Park, TX 78613</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Caryn Adams</p>	Amount of contribution (\$) <p style="text-align: center;">20.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">1209 Meadow Park Cedar Park, TX 78613</p>			
Principal occupation		Employer (optional)	
Date <p style="text-align: center;">2/23</p>	Full name of contributor <input type="checkbox"/> out of state PAC <p style="text-align: center;">Dora Thomas</p>	Amount of contribution (\$) <p style="text-align: center;">25.</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">3203 Cherrywood 78722</p>			
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 Schedule A:	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/23	5 Full name of contributor Dorn Smith <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 25.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8760 - A Research #290 78758			
9 Principal occupation		10 Employer (optional)	
Date 2/23	Full name of contributor Emma Dorsey <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 10.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3608 Amberside 78759			
Principal occupation		Employer (optional)	
Date 2/24	Full name of contributor SK. Sheffield <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1304 Karen 78759			
Principal occupation		Employer (optional)	
Date 2/25	Full name of contributor Nancy Fisher <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Colorado #301 78701			
Principal occupation		Employer (optional)	
Date 2/16	Full name of contributor Benny Hawkins <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 200.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6602 Greenshoro 78723			
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 Schedule A:

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/15

5 Full name of contributor out of state PAC

Kay Sullivan

6 Contributor address; City; State; Zip Code

6503 Arnold
78723

7 Amount of contribution (\$)

25.

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/6

Full name of contributor out of state PAC

Jorge D. Guerra

Contributor address; City; State; Zip Code

900 Linden St 78702

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/19

Full name of contributor out of state PAC

Anderson Howard

Contributor address; City; State; Zip Code

1001 Nimbus #39
Pflugerville, TX 78660

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/19

Full name of contributor out of state PAC

Nancy Fisher

Contributor address; City; State; Zip Code

1122 Colorado #301
Austin TX 78701

Amount of contribution (\$)

500.

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/28

Full name of contributor out of state PAC

Dawnne Dukes

Contributor address; City; State; Zip Code

PO Box 14645
Austin TX 78761

Amount of contribution (\$)

700.
Office Space

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 Schedule A:	
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2	5 Full name of contributor <input type="checkbox"/> out of state PAC Ben Dukes	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9005 Happy Trl. Austin TX 78754			
9 Principal occupation		10 Employer (optional)	
Date 2/22	Full name of contributor <input type="checkbox"/> out of state PAC Finnis E. Carter Jr. + Lena Parker	Amount of contribution (\$) 25.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3409 Lakeside Dr. 78723			
Principal occupation		Employer (optional)	
Date 2/24	Full name of contributor <input type="checkbox"/> out of state PAC Reginald + Trellanie Bostic	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14021 Maricella Ln 78660			
Principal occupation		Employer (optional)	
Date 2/28	Full name of contributor <input type="checkbox"/> out of state PAC Phase II Salon	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6448 Hwy 290 E. Suite B-100 78723			
Principal occupation		Employer (optional)	
Date 2/23	Full name of contributor <input type="checkbox"/> out of state PAC Texas Bell Employee PAC	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1616 Guadalupe, Ste 501 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.

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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 Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/24	5 Full name of contributor Nancy Mollada <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5613 Burrough Cove. 70745			
9 Principal occupation		10 Employer (optional)	
Date 2/15	Full name of contributor Carl Mullen <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 12502 78711			
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 2/25/98	7 Name of lender <input type="checkbox"/> out of state PAC Dawnna Dukes	9 Loan Amount (\$) 7326.69
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 14645 Austin TX 78761	10 Interest rate -0-
		11 Maturity date N/A
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Slacy Dukes-Rhone Campaign

4 Date

5 Payee name

7 Amount (\$)

2/17

U.S. Postmaster

170.

6 Payee address; City; State; Zip Code

Austin, TX

8 Purpose of expenditure

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

Office sought / held

postage

Date

Payee name

Amount (\$)

2/17

U.S. Postmaster

300.

Payee address; City; State; Zip Code

Austin TX

Purpose of expenditure

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

Office sought / held

postage

Date

Payee name

Amount (\$)

2/17

George Bridges

100.

Payee address; City; State; Zip Code

4004 Victory Dr. C.303
Austin TX 78704

Purpose of expenditure

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

Office sought / held

photos

Date

Payee name

Amount (\$)

2/11

Office Max

28.45

Payee address; City; State; Zip Code

5451-B N11135
Austin TX

Purpose of expenditure

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

Office sought / held

office supplies

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 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/17	5 Payee name U.S. Postmaster 6 Payee address; City; State; Zip Code Austin TX	7 Amount (\$) 85.00
8 Purpose of expenditure postage		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/18	Payee name HEB Payee address; City; State; Zip Code Austin TX	Amount (\$) 48.71
Purpose of expenditure food for volunteers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/19	Payee name Sixth Street Printing Payee address; City; State; Zip Code 1010 E. 6th Austin 78702	Amount (\$) 175.78
Purpose of expenditure printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2/19	Payee name Third Eye Photography Payee address; City; State; Zip Code 2532 Guadalupe Austin 78705	Amount (\$) 21.65
Purpose of expenditure photos		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Stacy Dukes-Rhone Campaign

4 Date

5 Payee name

7 Amount (\$)

2/20

U.S. Postal Service

89.98

6 Payee address; City; State; Zip Code

Austin TX

8 Purpose of expenditure

postage

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

Office sought / held

Date

Payee name

Amount (\$)

2/20

U.S. Postal Store

32.

Payee address; City; State; Zip Code

900 Blackson
Austin TX 78761

Purpose of expenditure

postage

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

Office sought / held

Date

Payee name

Amount (\$)

2/23

U.S. Postal Service

1789.84

Payee address; City; State; Zip Code

Austin TX

Purpose of expenditure

postage

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

Office sought / held

Date

Payee name

Amount (\$)

2/25

Home Depot

44.01

Payee address; City; State; Zip Code

7211 NIH 35
Austin 78752

Purpose of expenditure

sign material

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

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F*

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14	5 Payee name Catchren Nealey 6 Payee address; City; State; Zip Code 401 Masterson Pass Austin TX 78753	7 Amount (\$) 73.57
8 Purpose of expenditure Computer materials		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/16	Payee name Primco Payee address; City; State; Zip Code 10225 Research Blvd Austin TX 78759	Amount (\$) 261.30
Purpose of expenditure telephone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/27	Payee name Primco Payee address; City; State; Zip Code 10225 Research Austin TX 78759	Amount (\$) 130.
Purpose of expenditure telephone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/16	Payee name Dillard's Payee address; City; State; Zip Code Austin, TX	Amount (\$) 24.90
Purpose of expenditure event materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/2	5 Payee name Tetco	7 Amount (\$) 30.58
6 Payee address; City; State; Zip Code 8600 E. Hwy. 290 Austin TX 78724		
8 Purpose of expenditure gas for sign placement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/3	Payee name McCoys	Amount (\$) 13.99
Payee address; City; State; Zip Code Austin TX		
Purpose of expenditure nails		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/3	Payee name Huston-Tillotson College Bookstore	Amount (\$) 1.89
Payee address; City; State; Zip Code Austin TX		
Purpose of expenditure cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/4	Payee name Helda Wells Spears	Amount (\$) 28.00
Payee address; City; State; Zip Code Tax Assessor - Collector Travis County		
Purpose of expenditure voter registration material		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Stacy Dukes-Rhone Campaign		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/9	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code Austin TX	7 Amount (\$) 140.
8 Purpose of expenditure labels		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/10	Payee name Gray Mc Brude Payee address; City; State; Zip Code Austin TX	Amount (\$) 130.88
Purpose of expenditure expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/10	Payee name Cetchren Nealey Payee address; City; State; Zip Code 401 Masterson Pass Austin TX 78753	Amount (\$) 125.
Purpose of expenditure computer consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/11	Payee name HEB Payee address; City; State; Zip Code Austin TX	Amount (\$) 6.44
Purpose of expenditure cakes for office		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Stacy Dukes-Rhone Campaign

4 Date

5 Payee name

7 Amount (\$)

3/2

Sixth Street Printing

43.30

6 Payee address; City; State; Zip Code

1010 E. 6th
Austin TX 78702

8 Purpose of expenditure

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

3/2

U.S. Postal Store

400.

Payee address; City; State; Zip Code

8225 Cross Park Drive
Austin TX 78710

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

postage

Date

Payee name

Amount (\$)

3/2

Southwestern Bell

78.73

Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

~~postage~~ telephone

Date

Payee name

Amount (\$)

2/27

Sixth Street Printing

148.30

Payee address; City; State; Zip Code

1010 E. 6th
Austin, TX 78702

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

printing

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