

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Albert W. "Al" Holmes	15 ACCOUNT # (Ethics Commission files)
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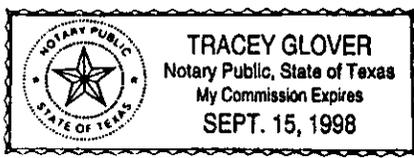
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates 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	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)	\$ 1,225.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,045.85
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$10,591.63

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.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Albert Holmes, this the 12th day of March, 1998, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Tracey Glover

 Print name of officer administering oath

Notary

 Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••

1 C/OH NAME Albert W. "Al" Holmes	2 ACCOUNT # (Ethics Commission files)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

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 Albert W. "AL" Holmes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/2/98	5 Full name of contributor W. J. Bryan <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 3004 Maravillas Loop, Austin, TX 78735			
9 Principal occupation Investor		10 Employer (optional)	
Date 3/3/98	Full name of contributor Frank Krasovec <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 Niles Road Austin, TX 78703			
Principal occupation Investor		Employer (optional)	
Date 3/3/98	Full name of contributor Ken Carr <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3701 Bee Cave Road Austin, TX 78746			
Principal occupation Investor		Employer (optional)	
Date 3/3/98	Full name of contributor Virgill Lawless <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1901 Hill Oak Courts Austin, TX 78703			
Principal occupation Retired Medical Doctor		Employer (optional)	
Date 3/7/98	Full name of contributor Charles Sikes <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 57 Still Meadow Austin, TX 78738-1402			
Principal occupation Retired Retailer		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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Albert W. "Al" Holmes		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$
5 Date of loan 3/12/98	7 Name of lender <input type="checkbox"/> out of state PAC Albert W. Holmes	9 Loan Amount (\$) \$691.63
6 Is lender a financial Institution? 	8 Lender address; City; State; Zip Code 3202 El Toro Cove Austin, TX 78746	10 Interest rate
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date
13 GUARANTOR INFORMATION <input 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
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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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 Albert W. "Al" Holmes		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/1/98	5 Payee name Bill Carlon 6 Payee address; City; State; Zip Code P. O. Box 162644 Austin, TX 78716	7 Amount (\$) \$1,000.00
8 Purpose of expenditure Political Consulting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/2/98	Payee name Ace Printing Payee address; City; State; Zip Code P. O. Box 13522 Austin, TX 78711	Amount (\$) \$2,049.71
Purpose of expenditure Campaign Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/9/98	Payee name Melissa Barnhart Payee address; City; State; Zip Code 2021 Guadalupe Austin, TX 78701	Amount (\$) \$186.00
Purpose of expenditure Precinct Walker		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/10/98	Payee name Bert Kivell Payee address; City; State; Zip Code P. O. Box 13522 Austin, TX 78711	Amount (\$) \$150.00
Purpose of expenditure Campaign Sign Erection		** 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)
4 Date	5 Payee name Juan McGowen	7 Amount (\$)
3/12/98	6 Payee address; City; State; Zip Code 4841 E. Yager Lane Manor, TX 78653	\$165.00
8 Purpose of expenditure Precinct Walker		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Rene Treveno	Amount (\$)
3/12/98	Payee address; City; State; Zip Code 3105 South I-35 Austin, TX 78741	\$55.00
Purpose of expenditure Research		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name E. C. S., Inc.	Amount (\$)
3/12/98	Payee address; City; State; Zip Code 6808 South IH-35 Austin, TX 78745	\$100.00
Purpose of expenditure Media Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Bill Carlon	Amount (\$)
3/12/98	Payee address; City; State; Zip Code P. O. Box 162644 Austin, TX 78716	\$296.42
Purpose of expenditure Consulting		** 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

Albert W. "Al" Holmes

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/98

5 Payee name

Austin Country Club

7 Amount (\$)

\$1,043.75

6 Payee address; City; State; Zip Code

4408 Longchamp Drive
Austin, TX 78746

8 Purpose of expenditure

Fundraiser Expenditure

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

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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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 Albert W. "Al" Holmes				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/7/98	5 Full name of contributor Ken Francis <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 64 Pascal Lane Austin, TX 78746					
9 Principal occupation Oil & Gas Operator			10 Employer (optional)		
Date 3/9/98	Full name of contributor Frank Maresh <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 729 Cutlas Austin, TX 78734					
Principal occupation Retired CPA			Employer (optional)		
Date 3/9/98	Full name of contributor Mickey Bentley <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 7004 Bent Oak Circle Austin, TX 78749					
Principal occupation Real Estate Broker			Employer (optional)		
Date 3/11/98	Full name of contributor G. H. Kronenberg <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 8305 Club Ridge Drive Austin, TX 78735					
Principal occupation Contractor			Employer (optional)		
Date 3/11/98	Full name of contributor John Alford <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 8100 Hickory Creek Austin, TX 78735					
Principal occupation Investor			Employer (optional)		

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