

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4010

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Jeffrey	R
	Jeff	Casey	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	6530 Needham Ln Austin TX 78739		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Lisa	K
		Casey	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	6530 Needham Ln Austin TX 78739		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	288-0998	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	3	1	98
THROUGH		Month	Day
THROUGH		4	6
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	4	14	98
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	-	Justice of the Peace Pct 3	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

OFFICE USE ONLY

Date Received

APR 6 10 51 AM '98

FILED

TARRANT COUNTY TEXAS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jeffrey Casey 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. **

<input type="checkbox"/> additional pages	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	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,955.16
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 85.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,697.60
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

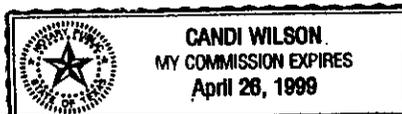
19 AFFIDAVIT

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeffrey Casey this the 6th day of April 19 98, to certify which, witness my hand and seal of office.



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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Jeffrey Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/13/98

5 Full name of contributor

Paul Dunham

 out of state PAC

7 Amount of contribution (\$)

890.03

8 In-kind contribution description (if applicable)

printing

6 Contributor address; City; State; Zip Code

400 W. 15th Stc 1410 Austin, TX 78701

9 Principal occupation

10 Employer (optional)

Date

3/23/98

Full name of contributor

Paul Dunham

 out of state PAC

Amount of contribution (\$)

695.89

In-kind contribution description (if applicable)

printing

Contributor address; City; State; Zip Code

400 W. 15th Stc 1410 Austin, TX 78701

Principal occupation

Employer (optional)

Date

3/18/98

Full name of contributor

Paul Dunham

 out of state PAC

Amount of contribution (\$)

158.19

In-kind contribution description (if applicable)

Ad Design.

Contributor address; City; State; Zip Code

400 W. 15th Stc 1410 Austin, TX 78701

Principal occupation

Employer (optional)

Date

3/13/98

Full name of contributor

Lake Travis Republican PAC

 out of state PAC

Amount of contribution (\$)

720.00

In-kind contribution description (if applicable)

voter lists

Contributor address; City; State; Zip Code

PO Box 340033
Austin, TX 78734-0033

Principal occupation

Employer (optional)

Date

3/26/98

Full name of contributor

Paul Dunham

 out of state PAC

Amount of contribution (\$)

79.52

In-kind contribution description (if applicable)

printing

Contributor address; City; State; Zip Code

400 W. 15th Stc 1410
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 Schedule A:

3

2 FILER NAME

Jeffrey Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/98

5 Full name of contributor

Paul Dunham

out of state PAC

7 Amount of contribution (\$)

\$987.50

8 In-kind contribution description (if applicable)

postage

6 Contributor address; City; State; Zip Code

400 W. 15th Ste 1410
Austin, TX 78701

9 Principal occupation

10 Employer (optional)

Date

3/23/98

Full name of contributor

Circle C. PAC

out of state PAC

Amount of contribution (\$)

\$250-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 91356
Austin, TX 78709.

Principal occupation

Employer (optional)

Date

Full name of contributor

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

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

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Jeffrey Casey		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/98	5 Full name of contributor Paul Dunham <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$207.53	8 In-kind contribution description (if applicable) paper
6 Contributor address; City; State; Zip Code 400 W. 15th Ste 1410 Austin TX 78701			
9 Principal occupation attys		10 Employer (optional)	
Date 3/4/98	Full name of contributor Paul Dunham <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$566.50	In-kind contribution description (if applicable) postage
Contributor address; City; State; Zip Code 400 W. 15th Ste 1410 Austin TX 78701			
Principal occupation attly.		Employer (optional)	
Date 3/6/98	Full name of contributor Small, Gaije Werkenhin, PAC <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$ 100 -	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress, Ste 1100 Austin TX 78701			
Principal occupation Attly		Employer (optional)	
Date 3/6/98	Full name of contributor Clifton L. Barkley <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9505 Castlewood Austin TX 78748			
Principal occupation Accountant		Employer (optional)	
Date 3/9/98	Full name of contributor Jack Bacon <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 FM 1825, Ste 203 Pflugerville, TX 78660			
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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Jeffrey Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/16/98

5 Payee name

Cable vision of Lake Travis

7

Amount
(S)

81.16

6 Payee address; City; State; Zip Code

919 RR 620 S.
Austin, TX 78734

8 Purpose of expenditure

Ads

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

Office sought / held

Date

3/17/98

Payee name

Lake Travis View

Amount
(S)

220.00

Payee address; City; State; Zip Code

2300 Lehman's Crossing
Austin, TX 78734

Purpose of expenditure

Ads

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

Office sought / held

Date

3/18/98

Payee name

Travis County Republican Party

Amount
(S)

75.00

Payee address; City; State; Zip Code

1300 W. Koenig, Ste 103
Austin, TX 78756

Purpose of expenditure

Ads

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

Office sought / held

Date

3/22/98

Payee name

Networks bank of Delaware

Amount
(S)

800.00

Payee address; City; State; Zip Code

PO Box 85350
Louisville, KY 40285-5350

Purpose of expenditure

Signs

** 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

Jeffrey Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/98

5 Payee name

Oak Hill Gazette

7 Amount (\$)

\$252.00

6 Payee address: City: State: Zip Code

7200-B Hwy 71 W.
Austin TX 78735

8 Purpose of expenditure

Ads

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

Office sought / held

Date

3/27/98

Payee name

Lake Travis View

Amount (\$)

\$184.00

Payee address: City: State: Zip Code

2300 Lohman's Crossing
Austin, TX 78734

Purpose of expenditure

Ads

** 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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