

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED

FORM C/OH COVER SHEET PG 1

1 AMOUNT # 4 54 PM '98
(Ethics Commission filers)

The C/OH INSTRUCTION GUIDE explains how to complete this form.

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
NATHAN H
200K

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 180896 AUSTIN TX 78718

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
THOMAS R
CAGLEY

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
4801 NUCKOLS CROSSING AUSTIN TX 78744

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(514) 447-8065

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 THROUGH Month Day Year
3 / 1 / 98 THROUGH 4 / 4 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
4 / 14 / 98
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
TRAVIS COUNTY JP 2

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

NATHAN ZOOK

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. --

| | |
|--|--------------------------------------|
| 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 | \$ 356 |
|---|--------|

| | |
|--|---------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1435 |
|--|---------|

EXPENDITURE TOTALS

| | |
|--|-----------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 108.23 |
|--|-----------|

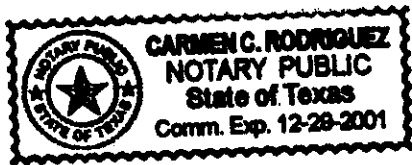
| | |
|---------------------------------|------------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ 1397.54 |
|---------------------------------|------------|

OUTSTANDING LOAN TOTALS

| | |
|---|-----------|
| 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 250.00 |
|---|-----------|

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.



Nathan Zook

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nathan Howard Zook, this the 6th day of April, 1998, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez Notary *Carmen C. Rodriguez*
 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:

2 FILER NAME *NATHAN ZOOK* 3 ACCOUNT # (Ethics Commission filers)

| | | | |
|---|--|--|--|
| 4 Date <i>7/12/98</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>SHARON BRUNAT</i> | 7 Amount of contribution (\$) <i>75</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>2604 FINEOAK DR, AUSTIN, TX; 78759</i> | | | |

9 Principal occupation *HOUSWIFE* 10 Employer (optional)

| | | | |
|--|---|---|--|
| Date <i>3/15/98</i> | Full name of contributor <input type="checkbox"/> out of state PAC <i>LEONOR NISBOLS</i> | Amount of contribution (\$) <i>\$100</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>504 FINE OAK DR, PALO ALTO, TX; 78660</i> | | | |

Principal occupation *ENGINEER* 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.

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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/8/98

STEFANIE MORRIS

100

6 Contributor address; City; State; Zip Code

PO BOX 437; MANOR, TX 78653

9 Principal occupation

HOUSEWIFE

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/13/98

JOANNA CLARBY

500

Contributor address; City; State; Zip Code

6723 BRAUNSDR; AUSTIN; 78750

Principal occupation

HOUSEWIFE

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/13/98

JAMES RANDALL

100

Contributor address; City; State; Zip Code

6402 HANBY DR; AUSTIN; TX; 78723

Principal occupation

ENGINEER

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/18/98

KIRK OVERLEY

100

Contributor address; City; State; Zip Code

Principal occupation

INVESTOR

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/17/98

KIRK LUGERS

104

Contributor address; City; State; Zip Code

10908 NICKERHILL CT; AUSTIN; TX; 78739

Principal occupation

INVESTOR

Employer (optional)

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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 <i>NATHAN H ZOOK</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>7/6/98</i> | 5 Payee name <i>BANNER SIGN GRAPHICS</i> | 7 Amount (\$) <i>568.74</i> |
| 6 Payee address; City; State; Zip Code <i>650 CHAMPION ST; AUSTIN, TX 78752</i> | | |
| 8 Purpose of expenditure <i>SIGNS</i> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held | |
| Date <i>3/6/98</i> | Payee name <i>HOME DEPOT</i> | Amount (\$) <i>50.67</i> |
| Payee address; City; State; Zip Code <i>7211 N IH 35; AUSTIN TX 78745</i> | | |
| Purpose of expenditure <i>SIGN MATERIALS</i> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held | |
| Date <i>3/18/98</i> | Payee name <i>RJL GRAPHICS</i> | Amount (\$) <i>56.83</i> |
| Payee address; City; State; Zip Code <i>911 W ANDERSON LN; AUSTIN, TX; 78757</i> | | |
| Purpose of expenditure <i>ARTWORK</i> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held | |
| Date <i>3/21/98</i> | Payee name <i>RJL GRAPHICS</i> | Amount (\$) <i>80.92</i> |
| Payee address; City; State; Zip Code <i>911 W ANDERSON LN; AUSTIN, TX 78757</i> | | |
| Purpose of expenditure <i>ARTWORK</i> | ** 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 <i>4/2/98</i> | 5 Payee name <i>RJL GRAPHICS</i> | 7 Amount (\$) <i>5926</i> |
| 6 Payee address; City; State; Zip Code <i>911 W Anderson Ln; Austin TX; 78757</i> | | |
| 3 Purpose of expenditure <i>ARTWORK</i> | 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 | |
| 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 | |

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 FILER NAME

NATHAN ZOOK

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/98

5 Payee name

U.S. POST OFFICE

6 Payee address; City; State; Zip Code

8 Amount (\$)

~~200~~ *192*

7 Purpose of expenditure

STAMPS

Reimbursement from political contributions intended

Date

2/21/98

Payee name

D.V. RITE PRINTERS

Payee address; City; State; Zip Code

5402 MOON FURNACE RD; AUSTIN, TX 78751

Amount (\$)

221.91

Purpose of expenditure

FLIERS

Reimbursement from political contributions intended

Date

~~2/11/98~~

Payee name

~~PHOTO PRINTERS~~

Payee address; City; State; Zip Code

~~3809 AL 1175; AUSTIN, TX; 78722~~

Amount (\$)

~~275.30~~

Purpose of expenditure

~~PHOTO PRINT~~

Reimbursement from political contributions intended

Date

7/6/98

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

8752 ROSSIGNOL BLVD; AUSTIN, TX; 78758

Amount (\$)

43.29

Purpose of expenditure

MAILING SUPPLIES

Reimbursement from political contributions intended

Date

~~2/17/98~~

2/17/98

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

7211 N IH 35; AUSTIN, TX 78745

Amount (\$)

15.92

Purpose of expenditure

SIGN MATERIALS

Reimbursement from political contributions intended

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