



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

James F. Mitchell

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

GENERAL

NONE

SPECIFIC

COMMITTEE ADDRESS

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

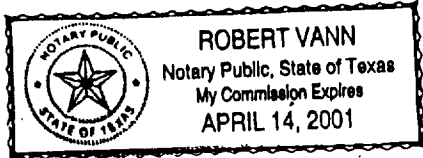
\$ 0

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.

*James F. Mitchell*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James F. Mitchell this the 6 day of July 19 98, to certify which, witness my hand and seal of office.

*Robert Vann*  
Signature of officer administering oath

Robert VANN  
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

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)

6 Contributor address; City; State; Zip Code

9 Principal occupation

10 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)

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.

**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 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

 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

 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

 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

 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		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:                      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                      \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?  Y            N	8 Lender address;    City;    State;    Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
15 Guarantor address;    City;    State;    Zip Code			
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		Amount Guaranteed (\$)
Guarantor address;    City;    State;    Zip Code			
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.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name  ..... <b>6</b> Payee address;      City; State; Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of expenditure		<b>9</b> .. 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
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
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
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

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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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b>	<input type="checkbox"/> Reimbursement from political contributions intended
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
	<b>Payee address; City; State; Zip Code</b>	
	<b>Purpose of expenditure</b>	<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
6 Business address; City; State; Zip Code		

8 Purpose of payment	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought / held
----------------------	--

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought / held
--------------------	--

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought / held
--------------------	--

Date	Business name	Amount (\$)
Business address; City; State; Zip Code		

Purpose of payment	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought / held
--------------------	--

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
7 Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
Reason for credit		

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