

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**4122 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:  <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<b>Judge Scott A</b>	
		<b>DAVIS</b>	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	<b>P.O. Box 90043 Austin TX 78709</b>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<b>Scott A</b>	
		<b>DAVIS</b>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	<b>6703 ONE OAK RD Austin TX 78749</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(512) 892-1151</b>		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input 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
	<b>1 / 1 / 98</b>		THROUGH
		Month	Day
		<b>6 / 30 / 98</b>	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<b>11 / 3 / 98</b>	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	<b>Justice of the Peace Pet 3</b>		<b>SAME</b>
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  
**12 55 PM '98**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM CIOH  
COVER SHEET PG 2

14 C/OH NAME

*Scott A. Davis*

15 ACCOUNT # (Ethics Commission Use)

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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ *750.00*

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

\$ *1,925.00*

EXPENDITURE TOTALS

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

\$ *217.90*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,002.17*

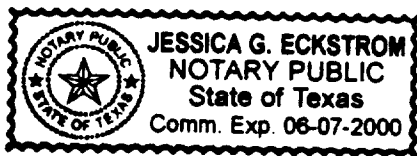
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFF. DAVIT

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.



*Scott A. Davis*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott A. Davis this the 15<sup>th</sup> day of July 1998, to certify which, witness my hand and seal of office

*Jessica G. Eckstrom*  
Signature of officer administering oath

Jessica G. Eckstrom  
Print name of officer administering oath

Clerk IV  
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: *1 of 5*

2 FILER NAME *T Scott A. Davis*

3 ACCOUNT # (Ethics Commission files)

4 Date *4/2/98* 5 Full name of contributor  out of state PAC

Cory & Ted Shaughnessy  
5205 Wheeler Branch Cr.  
Austin, TX 78749

7 Amount of contribution (\$) *125<sup>00</sup>* 8 In-kind contribution description(if applicable)

9 Principal occupation *businessman*

10 Employer (optional)

Date *4/2/98* Full name of contributor  out of state PAC

Barbara & David Garman  
3500 Jefferson, #105  
Austin, TX 78731

Amount of contribution (\$) *125<sup>00</sup>* In-kind contribution description(if applicable)

Principal occupation *businessman*

Employer (optional)

Date *4/12/98* Full name of contributor  out of state PAC

Ann & Dennis Witt  
5234 McCormick Mt. Ln.  
Austin, TX 78734

Amount of contribution (\$) *250<sup>00</sup>* In-kind contribution description(if applicable)

Principal occupation *businessman*

Employer (optional)

Date *4/14/98* Full name of contributor  out of state PAC

Jim & Debbie Lachance  
LACHANCE CO., JIM  
Rt. 6, Box 43-F  
Austin, TX 78737

Amount of contribution (\$) *50<sup>00</sup>* In-kind contribution description(if applicable)

Principal occupation *REALTOR*

Employer (optional)

Date *4/7/98* Full name of contributor  out of state PAC

Joseph C. Gagen  
106 Ridgemont Ct.  
Austin, TX 78746

Amount of contribution (\$) *100<sup>00</sup>* In-kind contribution description(if applicable)

Principal occupation *Attorney*

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: <b>2 of 5</b>	
2 FILER NAME <b>Scott A Davis</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/9/98</b>	5 Full name of contributor <b>Peter Kreisner P.O. Box 763 Austin, TX 78767-0763</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>100%</b>	8 In-kind contribution description (if applicable)
9 Principal occupation <b>Attorney</b>		10 Employer (optional)	
Date <b>3/1/98</b>	Full name of contributor <b>Larry Sauer 1004 West Ave. Austin, TX 78701-2019</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>25%</b>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date <b>3/20/98</b>	Full name of contributor <b>Hector &amp; Linda Servantes 9001 Curlew Dr. Austin, TX 78748</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100%</b>	In-kind contribution description (if applicable)
Principal occupation <b>County employee</b>		Employer (optional)	
Date <b>3/4/98</b>	Full name of contributor <b>Stan Clements 8209 Dixon Austin, TX 78745</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>50%</b>	In-kind contribution description (if applicable)
Principal occupation <b>Computer consultant</b>		Employer (optional)	
Date <b>4/3/98</b>	Full name of contributor <b>Dorothy &amp; Terry Godbold Remax Austin Associates 3006 Bee Caves Rd. #A-210 Austin, TX 78746</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>100%</b>	In-kind contribution description (if applicable)
Principal occupation <b>REALTOR</b>		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 of 5

2 FILER NAME

Scott A. Davis

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)

1/18/98

Nancy Wright Hohengarten  
Jack Hohengarten  
4114 Avenue H  
Austin, TX 78751

25<sup>00</sup>¢

9 Principal occupation

Attorney

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/10/98

Larry Laurent  
2 Cielo Center, Suite 400  
Austin, TX 78746

100<sup>00</sup>¢

Principal occupation

Attorney

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/15/98

E. T. "Ed" Kirk  
2604 Cedarview Dr.  
Austin, TX 78704-3803

50<sup>00</sup>¢

Principal occupation

retired Constable

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/6/98

Christine Buch  
1302 Cheyenne Dr.  
Richardson, TX 75080

25<sup>00</sup>¢

Principal occupation

Computer programmer

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/2/98

Jody W. Sims  
812 San Antonio, #511  
Austin, TX 78701

250<sup>00</sup>¢

Principal occupation

Attorney

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: <b>4 of 5</b>	
2 FILER NAME <b>Scott A. Davis</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>4/5/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Terry R. Tippit 9130 Jollyville Rd. Suite 250 Austin, TX 78759</b>	7 Amount of contribution (\$) <b>50<sup>00</sup> / K</b>	8 In-kind contribution description (if applicable)
9 Principal occupation <b>Attorney</b>		10 Employer (optional)	
Date <b>4/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Elna Christopher 605 Kentshire Cr. Austin, TX 78704</b>	Amount of contribution (\$) <b>100<sup>00</sup> / K</b>	In-kind contribution description (if applicable)
Principal occupation <b>State employee</b>		Employer (optional)	
Date <b>4/15/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Candace Salazar 1409 Wingwood #F Marshall, TX 75670</b>	Amount of contribution (\$) <b>50<sup>00</sup> / K</b>	In-kind contribution description (if applicable)
Principal occupation <b>Federal employee</b>		Employer (optional)	
Date <b>4/22/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Carl "Dan" Gustafson 3605 Edgemont Dr. Austin, TX 78731</b>	Amount of contribution (\$) <b>100<sup>00</sup> / K</b>	In-kind contribution description (if applicable)
Principal occupation <b>Attorney</b>		Employer (optional)	
Date <b>4/19/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Lynn E. Sanders 812 San Antonio, Suite 211 Austin, TX 78701</b>	Amount of contribution (\$) <b>50<sup>00</sup> / K</b>	In-kind contribution description (if applicable)
Principal occupation <b>Attorney</b>		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: <b>5 of 5</b>	
2 FILER NAME <b>SCOTT A. DAVIS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/2/98</b>	5 Full name of contributor <b>Mary &amp; John Dietz 1900 Steamboat Springs Cv Austin, TX 78746-7612</b>	7 Amount of contribution (\$) <b>100%</b>	8 In-kind contribution description(if applicable)
9 Principal occupation <b>Attorney</b>		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC Contributor address; City; State; Zip Code	Amount of contribution (\$)	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.**

# 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)	

**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: **1 of 3**

2 FILER NAME **SCOTT A. DAVIS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/2/98**

5 Payee name  
**TRAVIS Co. Democratic Party**

6 Payee address; City; State; Zip Code

7 Amount (\$)  
**250<sup>00</sup>**

8 Purpose of expenditure  
**SPONSOR EVENT**

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

Date  
**1/2/98**

Payee name  
**TRAVIS Co Democratic Party**

Payee address; City; State; Zip Code

Amount (\$)  
**800**

Purpose of expenditure  
**filmg fee for offices**

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

Date  
**1/13/98**

Payee name  
**U.S. Postmaster**

Payee address; City; State; Zip Code

Amount (\$)  
**96<sup>00</sup>**

Purpose of expenditure  
**postage**

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

Date  
**1/18**

Payee name  
**Logic Approach**

Payee address; City; State; Zip Code

Amount (\$)  
**107.17**

Purpose of expenditure  
**SOFTWARE**

\*\* 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 of 3

2 FILER NAME

SCOTT A. DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/17/98

MARIO MARTINEZ

6 Payee address: City: State: Zip Code

6050<sup>00</sup>/~~00~~

8 Purpose of expenditure

cost of December fundraiser

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/7/98

Logic Approach

Payee address: City: State: Zip Code

173.20

Purpose of expenditure

hardware for computer

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/9/98

SCOTT A. DAVIS

Payee address: City: State: Zip Code

P.O. Box 90043 Austin, TX 78709

107.90

Purpose of expenditure

Postage / Labels

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/17/98

TRAVIS Co Democratic Party

Payee address: City: State: Zip Code

100<sup>00</sup>/~~00~~

Purpose of expenditure

Advertising

-- 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: **3 of 3**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/16/98**

5 Payee name  
**Westlake Chamber of Commerce**

6 Payee address: City: State: Zip Code

7 Amount (\$)  
**100<sup>00</sup>~~00~~**

8 Purpose of expenditure  
**Scholarship**

9 -- 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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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**

**2 ACCOUNT # (Ethics Commission filers)**

**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

# 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 Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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)

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

<b>Date</b>	<b>Payor name</b> ..... <b>Payor address;</b> <b>City; State; Zip Code</b>	<b>Amount (\$)</b>
	<b>Reason for credit</b>	

<b>Date</b>	<b>Payor name</b> ..... <b>Payor address;</b> <b>City; State; Zip Code</b>	<b>Amount (\$)</b>
	<b>Reason for credit</b>	

<b>Date</b>	<b>Payor name</b> ..... <b>Payor address;</b> <b>City; State; Zip Code</b>	<b>Amount (\$)</b>
	<b>Reason for credit</b>	

<b>Date</b>	<b>Payor name</b> ..... <b>Payor address;</b> <b>City; State; Zip Code</b>	<b>Amount (\$)</b>
	<b>Reason for credit</b>	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



DAVIS  
P.O. Box 90043

78709-0043

FILED

JUL 16 12 56 PM '98

DARRELL SAUVOIR  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

Estros Div

Travis County Clerk,

P.O. Box 1748

Austin, TX 78767-1748

