

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4128

## 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:

7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
KATHERINE ANN  
NICKNAME LAST SUFFIX  
"ANN GRAHAM" GRAHAM CRAVATT

OFFICE USE ONLY

Date Received

FILED  
JUL 17 12 25 PM '98  
TRAVIS COUNTY, TEXAS

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
6204 LOST CREEK CIRCLE AUSTIN, TX 78746

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
KATHERINE ANN  
NICKNAME LAST SUFFIX  
"ANN GRAHAM" GRAHAM CRAVATT

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  
6204 LOST CREEK CIRCLE AUSTIN, TX 78746

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 329 - 2559

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 Month Day Year  
2 / 28 / 98 THROUGH 6 / 30 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 10 / 98  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

TRAVIS COUNTY COMMISSIONER  
PCT. 3

13 DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* 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

additional pages

GO TO PAGE 2

2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <b>ANN GRAHAM</b>	15 ACCOUNT # (Ethics Commission filers)
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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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

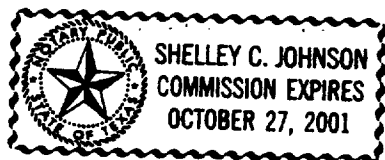
17 NO REPORTABLE ACTIVITY

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)	\$ 1,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,652.90
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.



Ann Graham  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Graham, this the 15th day of July, 19 98, to certify which, witness my hand and seal of office.

<u>Shelley C. Johnson</u> Signature of officer administering oath	<u>Shelley C. Johnson</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS  
SCHEDULE A

Total Pages Schedule A 1

Filer Name: "Ann Graham" Katherine Ann Graham (Cravatt)

Date	Full Name of Contributor & Address & Occupation	Amount of Contribution	In-kind contribution description
2/28	Daniel Roth 1503 Wildcat Hollow, Austin 78746	\$50	
3/3	Jose Guerra 908 Castle Ridge, Austin 78746 Engineer	\$100	
3/3	Myra McDaniel 3910 Knollwood, Austin 78731 Attorney	\$100	
3/4	Joan Waller 6310 Meadowcreek Dr., Dallas 75240 Attorney	\$250	
3/9	Steve & Betsy Scheffe 3131 Eanes Cir., Austin, TX 78746 Real Estate	\$100	
3/9	Vinson & Elkins PAC 2300 First City Tower, Houston, TX 77002 Attorneys	\$500	
		<u>\$1,100</u>	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME  
**ANN GRAHAM**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/2</b>	5 Payee name <b>SOUTH AUSTIN DEMOCRATS</b>	7 Amount (\$) <b>250.00</b>
6 Payee address; City; State; Zip Code <b>AUSTIN, TX</b>		

8 Purpose of expenditure <b>newsletter advertisement</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <b>3/4</b>	Payee name <b>US Postal Service</b>	Amount (\$) <b>247.69</b>
Payee address; City; State; Zip Code <b>3217 Bee Caves Rd. AUSTIN, TX 78746</b>		

Purpose of expenditure <b>postage for mailer</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <b>3/6</b>	Payee name <b>Worley Printing</b>	Amount (\$) <b>483.89</b>
Payee address; City; State; Zip Code <b>3217 N. IH35 AUSTIN, TX 78722</b>		

Purpose of expenditure <b>stationery</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date <b>3/9</b>	Payee name <b>Charlotte Graves</b>	Amount (\$) <b>450.00</b>
Payee address; City; State; Zip Code <b>3602 Purple Heron, Austin, TX 78746</b>		

Purpose of expenditure <b>campaign mgr. fee</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: <b>2</b>
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2 FILER NAME <b>ANN GRAHAM</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <b>3/18</b>	5 Payee name <b>Charlotte Graves</b>	7 Amount (\$) <b>25.15</b>
6 Payee address; City; State; Zip Code <b>3602 Purple Heron Austin, TX 78746</b>		

8 Purpose of expenditure <b>Campaign expense reimbursement (parking, postage)</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought / held
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Date <b>4/18</b>	Payee name <b>Emory Young</b>	Amount (\$) <b>272.96</b>
Payee address; City; State; Zip Code <b>98 San Jacinto #600, AUSTIN, TX 78701</b>		

Purpose of expenditure	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought / held
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Date <b>6/15</b>	Payee name <b>Ann Graham</b>	Amount (\$) <b>549.32</b>
Payee address; City; State; Zip Code <b>6204 Lost Creek Circle, AUSTIN, TX 78746</b>		

Purpose of expenditure <b>Reimbursement for Campaign Expense Close Campaign acct.</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> 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 <b>ANN GRAHAM</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/3</b>	5 Payee name <b>EMORY + YOUNG</b>	8 Amount (\$) <b>1,329.68</b>
	6 Payee address; City: State: Zip Code <b>98 San Jacinto #600 Austin, TX 78701</b>	
	7 Purpose of expenditure <b>Mailer</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>3/3</b>	Payee name <b>EMORY + YOUNG</b>	Amount (\$) <b>6,000.00</b>
	Payee address; City: State: Zip Code <b>98 San Jacinto #600 AUSTIN, TX 78701</b>	
	Purpose of expenditure <b>Consulting fee</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>3/3</b>	Payee name <b>Charlotte Graves</b>	Amount (\$) <b>900.00</b>
	Payee address; City: State: Zip Code <b>98 Purple Heron Austin, TX 78746</b>	
	Purpose of expenditure <b>campaign mgr. fee</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>3/8</b>	Payee name <b>Ace Printing + Robert Miller</b>	Amount (\$) <b>546.30</b>
	Payee address; City: State: Zip Code <b>Austin, TX</b>	
	Purpose of expenditure <b>campaign signs</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>3/19</b>	Payee name <b>Executive Environments</b>	Amount (\$) <b>314.26</b>
	Payee address; City: State: Zip Code <b>1250 CAP OF TX HWY SOUTH AUSTIN, TX 78746</b>	
	Purpose of expenditure <b>telephone</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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

2 FILER NAME

ANN GRAHAM

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27

5 Payee name

Opinion Analysts

6 Payee address; City; State; Zip Code

906 Rio Grande

Austin, TX 78701

7 Purpose of expenditure

walk lists

8

Amount

(\$) 131.69

 Reimbursement  
from political  
contributions  
intended

Date

4/8

Payee name

Emory + Young

Payee address; City; State; Zip Code

98 San Jacinto #600

AUSTIN, TX 78701

Purpose of expenditure

Campaign expenses

Amount

(\$) 125.39

 Reimbursement  
from political  
contributions  
intended

Date

6/15

Payee name

Executive Environments

Payee address; City; State; Zip Code

1250 CAP OF TX HWY SOUTH

AUSTIN, TX 78746

Purpose of expenditure

Small telephone bill

Amount

(\$) 26.57

 Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount

(\$)

 Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount

(\$)

 Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FILED

JUL 17 12 23 PM '98

DANA DEBEAUVOIR

CLERK OF COUNTY CLERK

U.S. POSTAGE  
PAID  
DALLAS, TEXAS, TX  
75201  
JUL 15, 1998  
AMOUNT  
**\$0.55**  
00042112-05



78767



0000

Ann Graham  
6204 Lost Creek Circle  
Austin, TX 78746

Dana DeBeauvoir  
County Clerk, Travis County  
P.O. Box 1748  
Austin, TX 78767

**CAMPAIGN FINANCE REPORT**