

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4142 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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Jeffrey R

NICKNAME LAST SUFFIX
"Jeff" Casey

OFFICE USE ONLY

Date Received: *Oct 2 9 05 AM '98*

FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
6530 Needham Ln Austin TX 78739

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Lisa K.

NICKNAME LAST SUFFIX
Casey

Receipt #

HO / 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
6530 Needham Ln Austin TX 78739

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 288-0998

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
7 / 1 / 98 THROUGH 9 / 24 / 98

10 ELECTION

ELECTION DATE: Month Day Year
11 / 3 / 98

ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Justice of the Peace Precinct # 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Jeffrey R. Casey</i>	15 ACCOUNT # (Ethics Commission filers)
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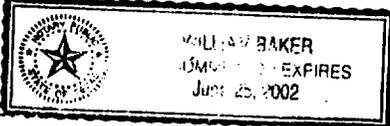
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 245.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2545.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,010.31
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William Baker this the 1st day of October 1998, 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:	
2 FILER NAME <i>Jeffrey R. Casey</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>7/15/98</i>	5 Full name of contributor <i>John Gilman</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$1,500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8229 Shoal Creek Blvd #105 Austin, TX 78757</i>			
9 Principal occupation		Employer (optional)	
Date <i>8/7/98</i>	Full name of contributor <i>Albert Holmes</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7800 Shoal Creek Blvd #239.5 Austin, TX 78757</i>			
Principal occupation		Employer (optional)	
Date <i>8/21/98</i>	Full name of contributor <i>ARWC PAC</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2708 Stratford Dr Austin, TX 78746</i>			
Principal occupation		Employer (optional)	
Date <i>8/22/98</i>	Full name of contributor <i>Robert Kirby</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8022 Bobcat Cir Sarasota, FL 34238</i>			
Principal occupation		Employer (optional)	
Date <i>9/23/98</i>	Full name of contributor <i>Greater Oak Hill Area PAC of Hill County Rep. Women</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8006 El Dorado Austin, TX 78737</i>			
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 R. Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/25/985 Payee name
Royal Tees7 Amount
(\$)6 Payee address; City; State; Zip Code
806 Capital Court
Austin, TX 78751

226.20

8 Purpose of expenditure

T-shirts

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

Office sought / held

Date

8/16/98

Payee name
Personal Service CoAmount
(\$)Payee address; City; State; Zip Code
1129 S Grand East
Springfield, IL 62708

987.00

Purpose of expenditure

signs

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

Office sought / held

Date

9/5/98

Payee name
Home DepotAmount
(\$)Payee address; City; State; Zip Code
5400 Brodie Ln
Sunset Valley, TX 78445

22.10

Purpose of expenditure

sign supplies

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

Office sought / held

Date

9/11/98

Payee name
Banner Sign GraphicsAmount
(\$)Payee address; City; State; Zip Code
650 Canyon
Austin, TX 78752

658.16

Purpose of expenditure

signs

.. 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

2 FILER NAME

Jeffrey R. Casey

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/12/98

5 Payee name

McCons

7 Amount (\$)

116.85

6 Payee address; City; State; Zip Code

11811 Hwy 290
Dripping Springs TX 78737

8 Purpose of expenditure

union postal

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED