

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

4143 FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission file)

2 Total pages filed:

3 COMMITTEE NAME

OFFICE USE ONLY

Stacy Dukes-Rhone Campaign

Date Received **RECEIVED**

JUL 16 1998

Texas Ethics Commission

4 COMMITTEE ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
P.O. Box 15687 Austin Tx 78761
3218 E. MLK. Austin, Tx 78721

Receipt #

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI NICKNAME LAST SUFFIX
Ms. Nancy Fisher

HD / PM Amount: *7/19/98*

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

*Received 8/2/98
Nancy Rhone*

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

- Same as Above
- Change of Address (from Form 6TA)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-6426

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 9th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach SPAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
4 / 15 / 98 THROUGH 7 / 15 / 98

11 ELECTION

N/A

ELECTION DATE
Month Day Year
/ /

ELECTION TYPE

- Primary
- Runoff
- General
- Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Stacy Dukes-Rhone Campaign

13 ACCOUNT #
(Ethics Commission files)

14 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 135.00

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

\$ 1520.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,469.34

OUTSTANDING LOAN TOTALS

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

\$ 18,050.00

16 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.

Nancy Fisher
Signature of campaign treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

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

Stacey DeY Jefferson
Signature of officer administering oath

Stacey deY Jefferson
Print name of officer administering oath

Notary Public
Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/8

5 Full name of contributor

Jimmy D. Evans

out of state PAC

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 91869 Austin, Tx 78709

9 Principal occupation

10 Employer (optional)

Date

4/22

Full name of contributor

Alicia Cunningham

out of state PAC

Amount of contribution (\$)

\$70.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13401 Metric Blvd # 722 78727

Principal occupation

Employer (optional)

Date

4/2

Full name of contributor

C. Craig Carlton

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1224 Houston, Tx 77251

Principal occupation

Employer (optional)

Date

4/6

Full name of contributor

Bobby Finley

out of state PAC

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

4/7

Full name of contributor

American Federation of State, County AFECIO

out of state PAC

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1625 L. St. N.W. Washington D.C. 20036

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule E:

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$ 4000.00

5 Date of loan

7/1

7 Name of lender

 out of state PAC

Stacy Dukes-Rhone

9 Loan Amount (\$)

4000.00

6 Is lender a financial institution?

Y

 N

8 Lender address; City; State; Zip Code

2104 Vanderbilt Ln Austin, Tx 78723

10 Interest rate

0%

11 Maturity date

12 Description of Collateral

 none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

 not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

 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

 none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

 not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 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.

1 Total pages this Schedule F:

2 FILER NAME

Stacy Dukes-Rhone Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/6/98

5 Payee name

Chris Saunders

6 Payee address; City; State; Zip Code

3713 Windsor Rd 78703

7 Amount (\$)

500.00

8 Purpose of expenditure

Flyer - mailout

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

Candidate / Officeholder name

Office sought / held

Date

4/7

Payee name

Capitol Times

Payee address; City; State; Zip Code

1250 Cptl. of TX. Hwy, Two Cielo Center.

78746
Ste 300

Amount (\$)

650.00

Purpose of expenditure

Advertisement

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

Candidate / Officeholder name

Office sought / held

Date

4/7

Payee name

The Home Depot

Payee address; City; State; Zip Code

7211 N IH 35 Austin, Tx 78752

Amount (\$)

43.02

Purpose of expenditure

Supplies - signs etc...

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

Candidate / Officeholder name

Office sought / held

Date

4/8

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

8225 Cross Park Dr.

Amount (\$)

50.00

Purpose of expenditure

Bulk mail - stamps

-- 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
4/8	K-Juice	
	6 Payee address; City; State; Zip Code	
	4301 Westbank Dr. 78746	319.00

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Radio Spots on 1370 AM	

Date	Payee name	Amount (\$)
4/8	Alamo Printing	
	Payee address; City; State; Zip Code	
	1308 E. 51st 78723	23.39

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

Date	Payee name	Amount (\$)
4/9	Alamo Printing	
	Payee address; City; State; Zip Code	
	1308 E. 51st 78723	1710.35

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

Date	Payee name	Amount (\$)
4/9	U.S. Post Office	
	Payee address; City; State; Zip Code	
	8225 Cross Park Dr.	730.19

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Mailing bulk mail of a flyer 4,236	

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 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
4/9	U.S. Post Office 6 Payee address; City: State: Zip Code 8225 Cross Park Dr.	809.08
8 Purpose of expenditure		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Mailing bulk mail of a flyer ^{3,123}		
Date	Payee name	Amount (\$)
4/10	Southwestern Bell Telephone Payee address; City: State: Zip Code P.O. Box 4845, Houston, Texas	71.75
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Phone Service		
Date	Payee name	Amount (\$)
4/10	Wendell Handy Payee address; City: State: Zip Code 4807 Bandera Rd Austin Tx 78721	140.00
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Radio Spots		
Date	Payee name	Amount (\$)
4/10	All Austin Advertising Payee address; City: State: Zip Code 1100 Post Oak St. #106 Austin, Tx 78704 457-0154	120.00
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held.
Flyers.		

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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name KAZI Radio Station	7 Amount (\$)
4/10	6 Payee address; City; State; Zip Code	120.00

8 Purpose of expenditure Radio Spot	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name City of Austin	Amount (\$)
4/10	Payee address; City; State; Zip Code	7.60

Purpose of expenditure Tables & Chairs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name Travis County - Clerk	Amount (\$)
4/10	Payee address; City; State; Zip Code P.O. Box 1748 78767 - 1748	40.00

Purpose of expenditure Election Returns	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name Equity Pac	Amount (\$)
4/13	Payee address; City; State; Zip Code	1048.00

Purpose of expenditure Mailing Invoice	-- 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

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 7/6	5 Payee name Worley Printing	7 Amount (\$) 2301.86
6 Payee address; City; State; Zip Code 3217 N. Interstate 35 Austin, Tx 78722		

8 Purpose of expenditure Printing signs etc...	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 7/7	Payee name Telephone Distributors	Amount (\$) 181.32
Payee address; City; State; Zip Code 2001 Justin Lane Austin, Texas 78757		

Purpose of expenditure Wiring	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 7/8	Payee name Southwestern Bell	Amount (\$) 137.93
Payee address; City; State; Zip Code P.O. Box 4845 Houston Tx 77097-0080		

Purpose of expenditure Phone Service	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 7/8	Payee name Chris Saunders	Amount (\$) 500.00
Payee address; City; State; Zip Code 3713 Windsor Rd 78703		

Purpose of expenditure Design Services	** 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	5 Payee name	7 Amount (\$)
7/8	National Urban League 6 Payee address; City: State: Zip Code	120.00
1825 East 38 1/2 Street 78722		

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Banquet tickets	

Date	Payee name	Amount (\$)
7/13	Cetchren Nealy Payee address; City: State: Zip Code	340.00

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Computer & Database Services	

Date	Payee name	Amount (\$)
5/3	Mitchie's Fine Art Payee address; City: State: Zip Code	136.32
5312 Airport Blvd 78751		

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

Date	Payee name	Amount (\$)
5/1	Fox Photo Ty3 Payee address; City: State: Zip Code	106.68
Great Hills Trail		

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

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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 5/1	5 Payee name Fox Photo TV3 ----- 6 Payee address; City; State; Zip Code Great Hills Trail 78759	7 Amount (\$) 35.56
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8 Purpose of expenditure Campaign Photo's	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 4/30	Payee name Office Max ----- Payee address; City; State; Zip Code 5451-B North IH35 78723	Amount (\$) 67.73
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Purpose of expenditure Office clean up supplies - org.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date 5/11	Payee name Premiere Party Rental ----- Payee address; City; State; Zip Code 310 E. 3rd St. Austin. 78701	Amount (\$) 30.04
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Purpose of expenditure Campaign Staff Dinner	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name Sam's Club ----- Payee address; City; State; Zip Code	Amount (\$) 79.52
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Purpose of expenditure Food Campaign Staff Dinner	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Nancy Fisher
1122 Colorado, Suite 301
Austin, TX 78701

FILED
98 AUG 21 AM 9:39
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

FILED
Aug 21 2 20 PM '98
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

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