

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4151 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:

16

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
ROBERT A.  
NICKNAME LAST SUFFIX  
BOB LARSON

OFFICE USE ONLY

Date Received: OCT 5 2 22 PM '98  
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1803-B W. 35TH ST.  
AUSTIN, TX 78703

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
SONNY  
NICKNAME LAST SUFFIX  
RHODES

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  
6506 MESH DR.  
AUSTIN, TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 345-3204

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  
7 / 1 / 98 THROUGH 9 / 24 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 3 / 98  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

COMMISSIONER, P-4

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

BOB LARSON

15 ACCOUNT # (Ethics Commission Bers)

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

GENERAL

SPECIFIC

additional pages

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

\$ 1,436<sup>00</sup>

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

\$ 6,036<sup>00</sup>

EXPENDITURE TOTALS

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

\$ 92.13

4. TOTAL POLITICAL EXPENDITURES

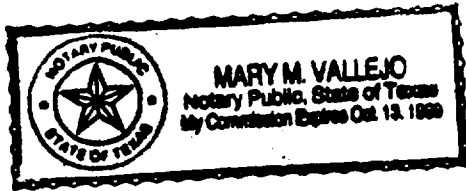
\$ 7,868.25

OUTSTANDING LOAN TOTALS

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

\$ 1,000<sup>00</sup>

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.

Robert A. Larson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Allen Larson this the 5 day of October

19 98, to certify which, witness my hand and seal of office.

Mary M. Vallejo  
Signature of officer administering oath

Mary M. Vallejo  
Print name of officer administering oath

Notary  
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:

7

2 FILER NAME

BOB LARSON, CAMPAIGN

3 ACCOUNT # (Ethics Commission files)

4 Date

7/22/98

5 Full name of contributor

ARVIN HARRELL

 out of state PAC

7 Amount of contribution (\$)

#100-

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

4604 INDIAN WELLS  
AUSTIN, TX 78747

9 Principal occupation

FUNERAL BUSINESS

10 Employer (optional)

Date

7/22/98

Full name of contributor

BOB VANN

 out of state PAC

Amount of contribution (\$)

#100-

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

10801 RUSH RD  
AUSTIN, TX 78732

Principal occupation

CONSTABLE

Employer (optional)

Date

8/1

Full name of contributor

GORDON BLOOD

 out of state PAC

Amount of contribution (\$)

#100-

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

7707 MESA DR  
AUSTIN TX 78731

Principal occupation

RET. GENERAL

Employer (optional)

Date

8/1

Full name of contributor

LEON WHITNEY

 out of state PAC

Amount of contribution (\$)

#100-

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

3909 ROCKLEDGE DR  
AUSTIN, TX 78731

Principal occupation

Employer (optional)

Date

8/1/98

Full name of contributor

KERRY MERRITT

 out of state PAC

Amount of contribution (\$)

#100-

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

5302 WESTERN HILLS  
AUSTIN, TX 78731

Principal occupation

RETIRED

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:

2 FILER NAME **BOB LARSON, Campaign**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**8/1/98**

5 Full name of contributor **ALBERT A ALLISON**  out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code  
**P.O. Box 5041  
AUSTIN, TX 78763**

**\$500-**

9 Principal occupation **BUSINESS EXEC.**

10 Employer (optional)

Date  
**8/13/98**

Full name of contributor **JAMES C SPARKS**  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
**14307 JACOBSON RD  
DEL VALLE, TX 78617**

**\$100-**

Principal occupation

Employer (optional)

Date  
**8/13/98**

Full name of contributor **JEFFREY BROUILLETTE**  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
**2102 MATTEBORN LN  
AUSTIN, TX 78704**

**100-**

Principal occupation

Employer (optional)

**COMPUTERS**

Date  
**8/19/98**

Full name of contributor **GERALD DAUGHERTY**  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
**1115 Elm St  
AUSTIN, TX 78703**

**\$100-**

Principal occupation

Employer (optional)

**BUSINESS MAN**

Date  
**8/19/98**

Full name of contributor **DAVID HARTMAN**  out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code  
**2509 SCENIE DR.  
AUSTIN, TX 78703**

**\$500-**

Principal occupation

Employer (optional)

**BANKER**

**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:

2 FILER NAME

BOB LARSON, CAMPAIGN

3 ACCOUNT # (Ethics Commission files)

4 Date

8/17/98

5 Full name of contributor

GORDON GRIFFIN

 out of state PAC

7 Amount of contribution (\$)

\$ 100<sup>-</sup>

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

211 E. 7<sup>TH</sup> ST  
STE 406  
AUSTIN, TX 78701

9 Principal occupation

OIL &amp; GAS

10 Employer (optional)

Date

8/26/98

Full name of contributor

BERT PEACE

 out of state PAC

Amount of contribution (\$)

\$ 100<sup>-</sup>

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

708 RIO GRANDE  
AUSTIN, TX 78701

Principal occupation

REALTOR

Employer (optional)

Date

8/31/98

Full name of contributor

NEAL A WATT

 out of state PAC

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

4300 CAT MOUNTAIN PR  
AUSTIN, TX 78731

Principal occupation

Employer (optional)

Date

8/31/98

Full name of contributor

ISAAC RABB

 out of state PAC

Amount of contribution (\$)

\$ 100<sup>-</sup>

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

1000 DALTON LN  
AUSTIN, TX 78742

Principal occupation

Employer (optional)

Date

8/31

Full name of contributor

COL. JACK CARMICHAEL

 out of state PAC

Amount of contribution (\$)

\$ 100<sup>-</sup>

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

4111 FARMILLS DR.  
AUSTIN, TX 78731

Principal occupation

RETIRED MILITARY

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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# 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

BOB LARSON, CAMPAIGN

3 ACCOUNT # (Ethics Commission files)

4 Date

8/31

5 Full name of contributor

ROBERT BERNSTEIN

 out of state PAC

7 Amount of contribution (\$)

\$100-

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

3805 GREYSTONE  
AUSTIN, TX 78731

9 Principal occupation

RETIRED

10 Employer (optional)

Date

9/2/98

Full name of contributor

LEON Z THOMAS

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

13006 WINGATE WAY  
AUSTIN, TX 78727

Principal occupation

RETIRED

Employer (optional)

Date

9/2

Full name of contributor

JOE F TROCHTA

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

4025 TEALWOOD DR  
AUSTIN, TX 78731

Principal occupation

RETIRED

Employer (optional)

Date

9/2

Full name of contributor

DR D. J. SIBLEY

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

2210 WINDSOR RD.  
AUSTIN, TX 78703

Principal occupation

RETIRED

Employer (optional)

Date

9/11/98

Full name of contributor

HAROLD FISCHER

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

21 COSTEAU  
AUSTIN, TX 78746

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 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

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/11/98

5 Full name of contributor

FRANCIS E. MCINTYRE

 out of state PAC

7 Amount of contribution (\$)

\$100-

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

1410 GASTON  
AUSTIN, TX 78703

9 Principal occupation

M.D.

10 Employer (optional)

Date

9/10/98

Full name of contributor

PATRICIA BURNS

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

10210 HOLME-LACEY LN.  
AUSTIN, TX 78750

Principal occupation

Employer (optional)

Date

9/10/98

Full name of contributor

AL W. HOLMES

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

7800 SHOAL CREEK BLVD. #239-5  
AUSTIN, TX 78757

Principal occupation

MORTGAGE BROKER

Employer (optional)

Date

9/10/98

Full name of contributor

E. E. STUESSEY

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

P.O. Box 26040  
AUSTIN, TX 78755

Principal occupation

Retired

Employer (optional)

Date

9/10/98

Full name of contributor

HUGH GOERNER

 out of state PAC

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

6 LINKS COURT  
AUSTIN 78738

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# 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

BOB LARSON

3 ACCOUNT # (Ethics Commission files)

4 Date

9/10/98

5 Full name of contributor

DR. BROOKS GOLDSMITH

out of state PAC

7 Amount of contribution (\$)

\$ 100 -

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

7603 RUSTLING CIRCLE  
AUSTIN, TX 78731

9 Principal occupation

DENTIST

10 Employer (optional)

Date

9/10/98

Full name of contributor

PATRICIA EAGAN

out of state PAC

Amount of contribution (\$)

\$ 100 -

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

111 RACHEL'S CANYON DR  
DRIPPING SPRINGS 78620

Principal occupation

Employer (optional)

Date

9/18/98

Full name of contributor

ALTON LAWS

out of state PAC

Amount of contribution (\$)

\$ 150 -

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

8411-1000 LOCKHART RD  
BUDA, TX 78610

Principal occupation

RETIRED

Employer (optional)

Date

9/18/98

Full name of contributor

JACK HOLFORD

out of state PAC

Amount of contribution (\$)

\$ 100 -

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

3409 WESTLAKE  
AUSTIN, TX 78746

Principal occupation

ARCHITECT

Employer (optional)

Date

9/18/98

Full name of contributor

WILLIAM HEINE

out of state PAC

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

8704 BLUE CREEK COVE  
AUSTIN, TX 78735

Principal occupation

CONSULTANT

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:

2 FILER NAME *Bob LARSON* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>9/20/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>AUSTIN REPUBLICAN WOMEN'S PAC</i>	7 Amount of contribution (\$) <i>\$400.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2708 STRATFORD DR. AUSTIN, TX 78746</i>			

9 Principal occupation 10 Employer (optional)

Date <i>9/20/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>ERNEST DEAL</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5903 SHERBOURNE COVE AUSTIN TX 78746</i>			

Principal occupation *RETIRED* Employer (optional)

Date <i>9/20/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>WM. TERRY BRAY</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>515 CONGRESS AVE. AUSTIN, TX 78767</i>			

Principal occupation *ATTORNEY* Employer (optional)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

BOB LARSON

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount  
(S)

7/2/98

I-MMET SERVICES

6 Payee address; City; State; Zip Code

1811 S. CONGRESS AVE.  
AUSTIN, TX 78704

\$500.00

8 Purpose of expenditure

SIGN WORK

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

Office sought / held

Date

Payee name

Amount  
(S)

7/13/98

PRINT DEPOT

Payee address; City; State; Zip Code

1800 W. 35TH ST.  
AUSTIN, TX 78703

\$782.05

Purpose of expenditure

PRINT LETTERS + CARDS

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

Office sought / held

Date

Payee name

Amount  
(S)

8/8/98

PRINT DEPOT

Payee address; City; State; Zip Code

1800 W. 35TH ST.  
AUSTIN, TX 78703

\$473.05

Purpose of expenditure

PRINT CARDS

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

Office sought / held

Date

Payee name

Amount  
(S)

8/11/98

AZTEC MARKETING Co. INC

Payee address; City; State; Zip Code

5700 COMMERCIAL PARK DR.  
AUSTIN, TX 78724

\$2,864.02

Purpose of expenditure

SIGNS

-- 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

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/12/98

5 Payee name

BOB LARSON

7

Amount (\$)

\$60.04

6 Payee address; City, State; Zip Code

5007 PARCEL PATH  
AUSTIN, TX 78744

8 Purpose of expenditure

POSTAGE

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

Office sought / held

Date

8/17/98

Payee name

JAMES P. O'GARAY

Amount (\$)

\$489.50

Payee address; City, State; Zip Code

7009 BENNING OAK RD.  
AUSTIN, TX 78749

Purpose of expenditure

PRE-ADDRESSED ENVELOPES

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

Office sought / held

Date

8/16/98

Payee name

BOB LARSON

Amount (\$)

\$136.76

Payee address; City, State; Zip Code

5007 PARCEL PATH  
AUSTIN, TX 78744

Purpose of expenditure

POSTAGE

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

Office sought / held

Date

8/25/98

Payee name

BOB LARSON

Amount (\$)

\$173.05

Payee address; City, State; Zip Code

5007 PARCEL PATH  
AUSTIN, TX 78744

Purpose of expenditure

POSTAGE

-- 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

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/25/98

5 Payee name

BOB LARSON

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

5007 PARCEL PATH  
AUSTIN TX 78744

8 Purpose of expenditure

SIGN SUPPLIES

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

Office sought / held

Date

8/29/98

Payee name

RUFUS CORTINAS

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

1005 BRASS ST.  
AUSTIN, TX 78702

Purpose of expenditure

SIGN SUPPLIES

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

Office sought / held

Date

9/3/98

Payee name

U.S. POSTMASTER

Amount (\$)

\$485.00

Payee address; City; State; Zip Code

AUSTIN, TX

Purpose of expenditure

POSTAGE

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

Office sought / held

Date

9/3/98

Payee name

RUFUS CORTINAS

Amount (\$)

\$200.00

Payee address; City; State; Zip Code

1005 BRASS ST.  
AUSTIN, TX 78702

Purpose of expenditure

SIGN SUPPLIES

-- 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 <i>BOB LARSON</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/16/98</i>	5 Payee name <i>U.S. POSTMASTER</i>	7 Amount (\$) <i>\$ 32.00</i>
6 Payee address; City; State; Zip Code <i>AUSTIN, TX</i>		
8 Purpose of expenditure <i>STAMPS</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>9/16/98</i>	Payee name <i>UNIVERSITY PUBLISHERS</i>	Amount (\$) <i>\$ 100.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 4457 AUSTIN, TX 78765</i>		
Purpose of expenditure <i>AD</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>9/24/98</i>	Payee name <i>PRINT DEPOT</i>	Amount (\$) <i>\$ 589.70</i>
Payee address; City; State; Zip Code <i>1800 W. 35th St. AUSTIN, TX 787</i>		
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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

3

2 FILER NAME

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
7/14/98	OFFICE DEPOT 6 Payee address; City; State; Zip Code 2101 S. LAMAR AUSTIN, TX 78704	10.80
	7 Purpose of expenditure PAPER	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
7/15/98	POSTMASTER Payee address; City; State; Zip Code AUSTIN, TX	32.00
	Purpose of expenditure STAMPS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
7/27/98	AMSTERDAM PRINTING Payee address; City; State; Zip Code P.O. Box 701 AMSTERDAM, N.Y. 12010	211.15
	Purpose of expenditure CAPS	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
8/4/98	OFFICE DEPOT Payee address; City; State; Zip Code 2101 S. LAMAR AUSTIN, TX 78704	51.56
	Purpose of expenditure PAPER + ENVELOPES	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
8/27/98	OFFICE DEPOT Payee address; City; State; Zip Code 2101 S. LAMAR AUSTIN, TX 78704	\$ 16.19
	Purpose of expenditure PAPER + ENVELOPES	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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

*BOB LARSON*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*8/28/98*

5 Payee name

*OFFICE DEPOT*

6 Payee address; City; State; Zip Code

*2101 S. LAMAR  
AUSTIN, TX 78704*

8 Amount (\$)

*110.61*

7 Purpose of expenditure

*TUNER CARTRIDGE*

Reimbursement from political contributions intended

Date

*8/27/98*

Payee name

*FURROW*

Payee address; City; State; Zip Code

*4210 SOUTH CONGRESS  
AUSTIN, TX 78745*

Amount (\$)

*7.47*

Purpose of expenditure

*NAILS*

Reimbursement from political contributions intended

Date

*9/16/98*

Payee name

*OFFICE DEPOT*

Payee address; City; State; Zip Code

*2101 S. LAMAR  
AUSTIN, TX 78704*

Amount (\$)

*5.08*

Purpose of expenditure

*PAPER*

Reimbursement from political contributions intended

Date

*9/17/98*

Payee name

*FURROW*

Payee address; City; State; Zip Code

*4210 S. CONGRESS  
AUSTIN, TX 78745*

Amount (\$)

*25.85*

Purpose of expenditure

*STAKES*

Reimbursement from political contributions intended

Date

*9/20/98*

Payee name

*FURROWS*

Payee address; City; State; Zip Code

*4210 SOUTH CONGRESS  
AUSTIN, TX 78745*

Amount (\$)

*97.50*

Purpose of expenditure

*SIGN SUPPLIES*

Reimbursement from political contributions intended

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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

*BOB LARSON*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*8/24/98*

5 Payee name

*FURROW*

8 Amount (\$)

6 Payee address; City; State; Zip Code

*4210 S. CONGRESS  
AUSTIN, TX 78745*

*22.74*

7 Purpose of expenditure

*SIGN SUPPLIES*

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED