

**CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**4152 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
CROCKETT A
NICKNAME LAST SUFFIX
KELLER

OFFICE USE ONLY
FILED
5 29 PM '98
TRAVIS COUNTY TEXAS

4 CANDIDATE/
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*2611 Westlake Dr.
Austin, Texas 78746*

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
PAUL A
NICKNAME LAST SUFFIX
KELLER I

Receipt #

HD / PM

Amount

Date Processed

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
15911 Edwards Dr Austin, TX 78734

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 266-3107

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 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)

TRAVIS COUNTY TREASURER

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 TOPAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 1-800-325-8505

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

CROCKETT A. KELLER

15 ACCOUNT # (Ethics Commission Bars)

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

\$ 1

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

\$ 400⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 438⁹⁵

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.

Crockett A. Keller

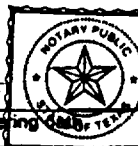
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Crockett A. Keller, this the 5th day of October 19 98, to certify which, witness my hand and seal of office.

Paula Love
Signature of officer administering oath

PAULA LOVE
Print name of officer administering oath



PAULA LOVE
Notary Public, State of Texas
My Commission Expires 10/1/2000
Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1
(FOR FORMS CIOH & SPAC)**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

CROCKETT A. KELLER

3 ACCOUNT # (Ethics Commission file)

4 Date

9/8

5 Full name of contributor

DIANE BIGGART

out of state PAC

7 Amount of contribution (\$)

\$300⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

6400 Hudson Bend Rd.
Austin, TX 78734

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/8

Full name of contributor

AUSTIN REPUBLICAN WOMEN

out of state PAC

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

11109 GRAPEVINE LN 78759
Austin, TX

Principal occupation (Optional)

Employer (Optional)

Date

9/10

Full name of contributor

BILL MAY

out of state PAC

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

2665 PIPING ROCK TR
Austin, TX 78748

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation (Optional)

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

2 FILER NAME

CROCKETT A. KELLER

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

9/2/98

ACE SIGNS

\$400⁰⁰

6 Payee address: City: State: Zip Code

*P.O. Box 13522
Austin, TX 78711*

8 Purpose of expenditure

*To HAVE SIGNS (Campaign)
Built.*

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

N/A

Date

Payee name

Amount (\$)

9/21/98

TRAVIS LAKEWAY Republican Men's Club

\$25⁰⁰

Payee address: City: State: Zip Code

*3 Candleleaf Ct
78738*

Purpose of expenditure

MEMBERSHIP Dues

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

N/A

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

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 files)

4 Date

5 Payee name

8 Amount (\$)

9/17

Kinko's

\$13.95

6 Payee address; City: State: Zip Code

Bee Caves Rd.
3300

AUSTIN, TEXAS 78746

7 Purpose of expenditure

CAMPAIGN

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