

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

21

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR RICHARD H
NICKNAME LAST SUFFIX
RICK ANTON

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
5005 LODGE VIEW LANE
AUSTIN TX 78731

Change of Address

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR JEFFREY
NICKNAME LAST SUFFIX
JEFF TULLIS

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS NO PO BOX PLEASE! APT SUITE # CITY STATE ZIP CODE
7105 RUNNING ROPE
AUSTIN TX 78731

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 343-6410

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 JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
10 / ~~27~~ / 98 THROUGH 1 / 15 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 05 / 98

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT, (if known)

JP - PRECINCT 2

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

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

RICHARD H. ANTON

15 ACCOUNT # (Ethics Commission files)

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 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 1290

EXPENDITURE TOTALS

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

\$ 9-

4. TOTAL POLITICAL EXPENDITURES

\$ 2720²⁶

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

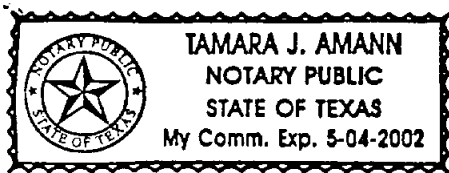
OUTSTANDING LOAN TOTALS

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

\$ 0

18 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.



Richard H. Anton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard H. Anton this the 14th day of January, 1999, to certify which, witness my hand and seal of office.

Tamara J. Amann
Signature of officer administering oath

TAMARA J. AMANN
Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction guide explains how to complete this form.		1 Total pages Schedule A(J): 7	
2 FILER NAME RICHARD H. ANTON		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/26/98	5 Full name of contributor <input type="checkbox"/> out of state PAC MICHAEL CURRY	7 Amount of contribution (\$) 50 -	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 823 CONGRESS # 1005 AUSTIN, TX 78701			
9 Contributor's principal occupation MEDIATOR		10 Contributor's job title MEDIATOR	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any) NIA	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 10/27/98	Full name of contributor <input type="checkbox"/> out of state PAC CHARLANE L COX	Amount of contribution (\$) 25 -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3605 HILBROOK DR AUSTIN, TX 78731			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 10/27/98	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT L. GROVER, JR.	Amount of contribution (\$) 50 -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1601 RIO GRANDE ST #343 AUSTIN, TX 78701			
Contributor's principal occupation ATTORNEY		Contributor's job title PARTNER	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)	
2 FILER NAME RICHARD H. ANTON		3 ACCOUNT # (Ethics Commission letter)	
4 Date 10/28/98	5 Full name of contributor <input type="checkbox"/> out of state PAC CLAUDE E. DUGLOUX	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 3512 NATIVE DANCER COVE AUSTIN, TX 78746			
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title ATTORNEY	
11 Contributor's employer/law firm SELF		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/28/98	Full name of contributor <input type="checkbox"/> out of state PAC MALCOM GREENSTEIN THOMAS L KOLKER	Amount of contribution (\$) 100 -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1006 E CESAR CHAVEZ AUSTIN, TX 78702			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm GREENSTEIN + KOLKER		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/29/98	Full name of contributor <input type="checkbox"/> out of state PAC DONALD N GOLDSTON	Amount of contribution (\$) 50 -	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3521 STARLINE DR AUSTIN, TX 78759-8941			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any) NIA	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction guide explains how to complete this form.				1 Total pages Schedule A(J):	
2 FILER NAME RICHARD H ANTON				3 ACCOUNT # (Ethics Commission files)	
4 Date 10/29/98	5 Full name of contributor GLEN WILKERSON <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 30-	8 In-kind contribution description (if applicable)		
6 Contributor address: City: State: Zip Code 27 SUNSET TRAIL AUSTIN, TX 78745-2614					
9 Contributor's principal occupation ATTORNEY			10 Contributor's job title PARTNER		
11 Contributor's employer/law firm DAVIS & WILKERSON			12 Law firm of contributor's spouse (if any) N/A		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 10/29/98	Full name of contributor ANN R BARKER <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 5401 TORTUGA TRAIL AUSTIN, TX 78731-4535					
Contributor's principal occupation ATTORNEY			Contributor's job title ATTORNEY		
Contributor's employer/law firm			Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any)					
Date 10/29/98	Full name of contributor GLENN E. JOHNSON <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)		
Contributor address: City: State: Zip Code 2008 HEADWATER LANE AUSTIN, TX 78746					
Contributor's principal occupation ATTORNEY			Contributor's job title ATTORNEY		
Contributor's employer/law firm AKIN GUMP			Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any)					
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A(J):	
2 FILER NAME RICHARD H. ANTON				3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/98	5 Full name of contributor BEMIS, ROACH + REED, L.L.P.	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 150-	8 In-kind contribution description (if applicable)	
6 Contributor address: City, State, Zip Code 2711 W ANDERSON LANE, STE 210 AUSTIN, TX 78757					
9 Contributor's principal occupation LAW PRACTICE			10 Contributor's job title LAW FIRM		
11 Contributor's employer/law firm SELF			12 Law firm of contributor's spouse (if any) N/A		
13 If contributor is a child, law firm of parent(s) (if any)					
Date 10/30/98	Full name of contributor JEFFREY E.T. BOHM	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)	
Contributor address: City, State, Zip Code 3312 MEREDITH ST AUSTIN, TX 78703					
Contributor's principal occupation ATTORNEY			Contributor's job title ATTORNEY		
Contributor's employer/law firm MCGINNIS, LOCHRIDGE + KILGORE			Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any)					
Date 10/30/98	Full name of contributor GARY GREIF	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 35-	In-kind contribution description (if applicable)	
Contributor address: City, State, Zip Code 7610 VAIL VALLEY DR AUSTIN, TX 78749					
Contributor's principal occupation ATTORNEY			Contributor's job title ATTORNEY		
Contributor's employer/law firm ROSS + GREIF			Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any)					
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME RICHARD ANTON		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/30/98	5 Full name of contributor <input type="checkbox"/> out of state PAC JEFFREY R JURY	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 3901 SILVERSPRING DR AUSTIN, TX 78759			
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title PARTNER	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any) NIA	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 10/2/98	Full name of contributor <input type="checkbox"/> out of state PAC JOE A. OSBORN	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3612 WINDSOR RD AUSTIN, TX 78703-1538			
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY	
Contributor's employer/law firm NIA SELF		Law firm of contributor's spouse (if any) NIA	
If contributor is a child, law firm of parent(s) (if any)			

Date 11/2/98	Full name of contributor <input type="checkbox"/> out of state PAC JOHN J. MIKE MCKETTA III	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 4200 PARK HOLLOW CT AUSTIN, TX 78746			
Contributor's principal occupation ATTORNEY		Contributor's job title PARTNER	
Contributor's employer/law firm GRAVES DOUGHERY		Law firm of contributor's spouse (if any) NIA	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME RICHARD H ANTON		3 ACCOUNT # (Ethics Commission files)	
4 Date 12/2/98	5 Full name of contributor JOANALYS SMITH <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1101 S CAPITAL OF TX HWY AUSTIN, TX 78746			
9 Contributor's principal occupation ATTORNEY		10 Contributor's job title PARTNER	
11 Contributor's employer/law firm WILMS SMITH + REYNOLDS, LLP		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

RICHARD H. ANTON

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/98

5 Full name of contributor

CRAIG SMITH

out of state PAC

7 Amount of contribution (\$)

25-

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

716 CONGRESS AVE, STE 203
AUSTIN, TX 78701

9 Contributor's principal occupation

ATTORNEY

10 Contributor's job title

ATTORNEY

11 Contributor's employer/law firm

SELF

12 Law firm of contributor's spouse (if any)

N/A

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/9/98

Full name of contributor

LONG, BURNER, PARKS + SEALY

out of state PAC

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

PO BOX 2212
AUSTIN, TX 78768-2212

Contributor's principal occupation

LAW PRACTICE

Contributor's job title

PC

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

Date

11/19/98

Full name of contributor

EUGENE W. BREES

out of state PAC

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3009 CHATELINE DR
AUSTIN, TX 78746

Contributor's principal occupation

ATTORNEY

Contributor's job title

PARTNER

Contributor's employer/law firm

THOMPSON + KNIGHT

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J): 0

2 FILER NAME RICHARD H ANTON 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Pledgor's principal occupation 11 Pledgor's job title

12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J)

0

2 FILER NAME

RICHARD H ANTON

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 GUARANTOR INFORMATION

not applicable

19 Name of guarantor

21 Amount Guaranteed (\$)

20 Guarantor address, City, State, Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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 Schedule F 3
2 FILER NAME RICHARD H. ANTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/26/98	5 Payee name PFLUGERVILLE PFLAG	7 Amount (\$) 90⁰⁰
6 Payee address: City, State, Zip Code PO BOX 447 PFLUGERVILLE, TX 78691		
8 Purpose of expenditure ADVERTISING		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:
Date 10/27/98	Payee name SMART MAIL	Amount (\$) 133
Payee address: City, State, Zip Code 2011 ANCHOR LN AUSTIN, TX 78723		
Purpose of expenditure POSTAGE - DIRECT MAIL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:
Date 10/27/98	Payee name WORLEY PRINTING	Amount (\$) 328⁵⁴
Payee address: City, State, Zip Code 3217 N IH35, AUSTIN, TX 78722		
Purpose of expenditure PRINTING SERVICES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought / held:
Date 10/27/98	Payee name ACCD	Amount (\$) 920
Payee address: City, State, Zip Code PO BOX 1748 AUSTIN, TX 78767		
Purpose of expenditure SETUP AT PALMER AUDITORIUM		** 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 RICHARD H ANTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/98	5 Payee name TRAVIS COUNTY CLERK	7 Amount (\$) 55-
6 Payee address: City: State: Zip Code PO BOX 1748 AUSTIN, TX 78767		
8 Purpose of expenditure PAPER ELECTION RETURNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10/27/98	Payee name OPINION ANALYSTS	Amount (\$) 23331
Payee address: City: State: Zip Code 906 RIO GRANDE AUSTIN, TX 78701		
Purpose of expenditure MAILING LABELS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 10/28/98	Payee name SMART MAIL- USPS	Amount (\$) 58017
Payee address: City: State: Zip Code 2011 ANCHOR LN, AUSTIN, TX 78722		
Purpose of expenditure BULK MAIL SERVICES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 11/18/98	Payee name SMART MAIL	Amount (\$) 63862
Payee address: City: State: Zip Code 2011 ANCHOR LN, AUSTIN, TX 78722		
Purpose of expenditure BULK MAIL SERVICES		** 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 RICHARD H ANTON		3 ACCOUNT # (Ethics Commission filers):
4 Date 11/18/98	5 Payee name WORLEY PRINTING 6 Payee address; City, State, Zip Code 3217 N IH35, AUSTIN, TX 78722	7 Amount (\$) 39674
8 Purpose of expenditure PRINTING SERVICES		9 <small>.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name</small> Office sought / held
Date 12/14/98	Payee name GINNY'S PRINTING Payee address; City, State, Zip Code 1501 W ANDERSON LN, AUSTIN, TX 78752	Amount (\$) 1739P
Purpose of expenditure PRINTING SERVICES		<small>.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name</small> Office sought / held
Date 1/13/99	Payee name RICHARD H. ANTON Payee address; City, State, Zip Code 5005 LODGE VIEW LN AUSTIN, TX 78731	Amount (\$) 8110
Purpose of expenditure PARTIAL REPAYMENT FILING FEE		<small>.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name</small> Office sought / held
Date	Payee name Payee address; City, State, Zip Code	Amount (\$)
Purpose of expenditure		<small>.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name</small> 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

0

2 FILER NAME

RICHARD H. ANTON

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H

0

2 FILER NAME

RICHARD H. ANTON

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address, City State Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City State Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City State Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City State Zip Code

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

0

2 FILER NAME

RICHARD H ANTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address. City State Zip Code	
	7 Purpose of expenditure	
	Payee name Payee address City State Zip Code	
	Purpose of expenditure	
	Payee name Payee address City State Zip Code	
	Purpose of expenditure	
	Payee name Payee address City State Zip Code	
	Purpose of expenditure	
	Payee name Payee address City State Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K

0

2 FILER NAME

RICHARD H ANTON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address, City, State, Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

0

2 FILER NAME

RICHARD H ANTON

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address City State Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address City State Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address City State Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address City State Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address City State Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address City State Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address City State Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address City State Zip Code

not applicable

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

0

2 FILER NAME

RICHARD H. ANTON

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

RICHARD H. ANTON

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Richard H. Anton

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Richard H. Anton

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

Signature of Officeholder

FILED

JAN 15 12 23 PM '99

JAN 15 12 23 PM '99
COURT CLERK
TRAVIS COUNTY, TEXAS

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Richard H. Anton Campaign
5005 Lodge View Lane
Austin, TX 78731



*Travis County Clerk
Electroni Amiein
P O Box 1748
Austin, TX 78767*

TRAVIS COUNTY, TEXAS

COURT CLERK

JAN 15 12 21 PM '99

FILED