

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4249

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI

HANK DAVIS GONZALEZ

NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

TRAVIS COUNTY CLERK
JAN 15 1 26 PM '98
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1811 South Congress Ave., Ste. B
Austin, Texas 78704

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

JOHN L. BURGESS

NICKNAME LAST SUFFIX

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

7801 N. Lamar, A142
Austin, Texas 78752

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 454-5646

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

10 / 27 / 98 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE
Month Day Year

11 / 03 / 98

ELECTION TYPE

- Primary
- Runoff
- General
- Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Judge

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

HANK DAVIS GONZALEZ

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

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

\$ - 0 -

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

\$ 135⁰⁰

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 4856⁰⁰

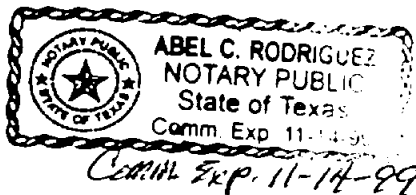
OUTSTANDING LOAN TOTALS

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

\$ 8,000⁰⁰

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

Hank Davis Gonzalez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **HANK DAVIS GONZALEZ**, this the **15th.** day of **Jan.**

19 **99**, to certify which, witness my hand and seal of office.

Abel C. Rodriguez
Signature of officer administering oath

Abel C. Rodriguez

Print name of officer administering oath

Notary Public

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: **(ONE)**, 1.

2 FILER NAME
HANK DAVIS GONZALEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/98

5 Full name of contributor out of state PAC

MARION SHELTON BENNETT

6 Contributor address; City; State; Zip Code
**9110 BLUFF SPRINGS RD.
AUSTIN, TX. 78744**

7 Amount of contribution (\$) **\$85.00**

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date
10/31/98

Full name of contributor out of state PAC

SUNNY UZUM

Contributor address; City; State; Zip Code
**9605 COPPER CREEK DR.
AUSTIN, TX. 78729**

Amount of contribution (\$) **\$50.00**

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description(if applicable)

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 Schedule E: (ONE) 1.
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$		
5 Date of loan 1/9/98	7 Name of lender <input type="checkbox"/> out of state PAC HANK DAVIS GONZALEZ	9 Loan Amount (\$) \$ 4,500⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code 2616 MARKET GARDEN LN. AUSTIN, TX. 78745	10 Interest rate
		11 Maturity date
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation CANDIDATE TRAVIS COUNTY JUDGE		18 Employer
Date of loan 3-10-98	Name of lender <input type="checkbox"/> out of state PAC KEITH B. KRCELL	Loan Amount (\$) \$5,000⁰⁰
Is lender a financial institution? Y <input checked="" type="radio"/> (N)	Lender address; City; State; Zip Code 3008 DRAKE COVE LAGO VISTA, TEXAS 76645	Interest rate
		Maturity date
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation CEO		Employer DASH BOARD PLUS
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:

2 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
 6 Payee address; City; State; Zip Code	

8 Purpose of expenditure	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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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
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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
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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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: (ONE) 1
2 FILER NAME HANK DAVIS GONZALEZ		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/3/98	5 Payee name DIANA CASTENEDA	7 Amount (\$) \$150⁰⁰
6 Payee address; City; State; Zip Code AUSTIN, TX. 78702		
8 Purpose of expenditure CONSULTANT SVCS.		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 11/12/98	Payee name BANNER SIGN GRAPHICS	Amount (\$) \$506⁰⁰
Payee address; City; State; Zip Code 650 CANYON AUSTIN, TX. 78752		
Purpose of expenditure CAMPAIGN SIGNS (PRINT)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 11/18/98	Payee name HANK DAVIS GONZALEZ	Amount (\$) \$1,500⁰⁰
Payee address; City; State; Zip Code 2616 MARKET GARDEN LN. AUSTIN, TX. 78745		
Purpose of expenditure PARTIAL REPAYMENT OF LOAN		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 12/28/98	Payee name MACK TELEEN	Amount (\$) \$2,700⁰⁰
Payee address; City; State; Zip Code 1811 S. CONGRESS AVE, STE. B AUSTIN, TX. 78704		
Purpose of expenditure CONSULTANT SERVICES & OFFICE SERVICES		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on C/OH page 1 is marked "Final Report" **

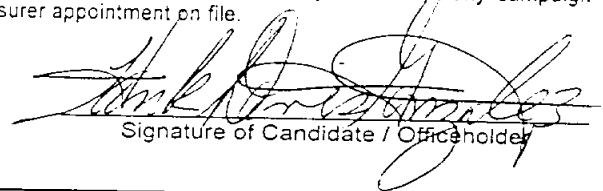
1 C/OH NAME

HANK DAVIS GONZALEZ

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.



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.

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 on file.

Signature of Officeholder