

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 4255

### 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
 NICKNAME LAST SUFFIX

**BOB ROBERT A. LARSON**

OFFICE USE ONLY

Date Received: **NOV 15 3 04 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  
 NICKNAME LAST SUFFIX

**SUNNY 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 MESA 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 THROUGH Month Day Year

**10 / 25 / 98 THROUGH 12 / 31 / 98**

10 ELECTION

ELECTION DATE: Month Day Year  
**11 / 3 / 98**

ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)  
**Commissioner, Pct 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 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

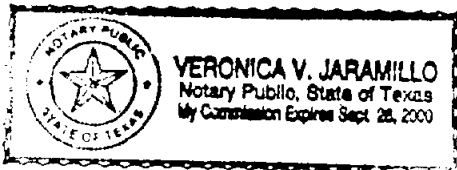
additional pages

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	\$ 300 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,475 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 3 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,549.05
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.



Bob Larson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert A. Larson, this the 15<sup>TH</sup> day of January, 19 99, to certify which, witness my hand and seal of office.

Veronica V. Jaramillo  
Signature of officer administering oath      Print name of officer administering oath      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:

2

2 FILER NAME

BOB LARSON CAMPAIGN

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

 out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/26

PAUL MARTIN

6 Contributor address: City, State, Zip Code

~~9904 GRASS CREEK DR~~ 600 W. 10<sup>th</sup> S.  
AUSTIN, TX 78701 #740

\$100-

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/26

MOTEN CROCKETT, JR.

Contributor address: City, State, Zip Code

P.O. Box 2066  
AUSTIN, TX 78763

\$100-

Principal occupation

Employer (optional)

R/E INVESTOR

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27

IRWIN SALMANSON

Contributor address: City, State, Zip Code

4702 CAT MTN. DR  
AUSTIN, TX 78731#75<sup>00</sup>

Principal occupation

Employer (optional)

ATTORNEY

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27

DAN BULLOCK

Contributor address: City, State, Zip Code

P.O. Box 5627  
AUSTIN, TX 78763

\$250-

Principal occupation

Employer (optional)

SPEAKER

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/1/98

JOHN ALFORD, JR.

Contributor address: City, State, Zip Code

8100 HICKORY CREEK DR.  
AUSTIN, TX 78735

\$100-

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 <b>BOB LARSON CAMPAIGN</b>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/28</b>	5 Full name of contributor <b>ROBERT RANGEL</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>\$200</b>	8 In-kind contribution description (if applicable)	
6 Contributor address: City, State, Zip Code <b>2902 INRIDGE PK. AUSTIN, TX 78745</b>				
9 Principal occupation <b>FURNITURE STORE OWNER</b>		10 Employer (optional)		
Date <b>10/30</b>	Full name of contributor <b>STEVE YAU</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)	
Contributor address: City, State, Zip Code <b>9524 KETONA CV. AUSTIN, TX 78759</b>				
Principal occupation		Employer (optional)		
Date <b>11/3</b>	Full name of contributor <b>GEORGE NALLE, JR.</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)	
Contributor address: City, State, Zip Code <b>401 INWOOD DR. AUSTIN, TX 78746</b>				
Principal occupation <b>BUSINESS M/W/M</b>		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)		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **BOB LARSON**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
Oct 26, 98	PARAGON PRINTING Payee address: 10423 Mc KALLA PL. Austin, TX 78758	3,763.80

8 Purpose of expenditure <b>Political MAILING</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Amount (\$)
Oct 26, 98	AUSTIN AMERICAN STATESMAN Payee address: 305 S. CONGRESS Austin, TX 78704	2,515.40

Purpose of expenditure <b>ADS</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Oct 27, 98	PARAGON PRINTING Payee address: 10423 Mc KALLA PL. Austin, TX 78758	2,769.47

Purpose of expenditure <b>Political MAILING</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date	Payee name	Amount (\$)
Oct 26, 98	PRINT DEPOT Payee address: 1800 W. 35TH ST. Austin TX 78703	84.14

Purpose of expenditure <b>PRINTING</b>	-- 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

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Oct 27, 98

U.S. POSTMASTER

6 Payee address: City: State: Zip Code

\$ 180<sup>00</sup>

8 Purpose of expenditure

POSTAGE

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

Office sought / held

Date

Payee name

Amount (\$)

Oct 26, 98

U.S. POSTMASTER

Payee address: City: State: Zip Code

\$ 20<sup>00</sup>

Purpose of expenditure

STAMPS

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

Office sought / held

Date

Payee name

Amount (\$)

Nov 25, 98

BOB LARSON

Payee address: City: State: Zip Code

1803 W. 35TH ST.  
AUSTIN, TX 78703

1,576.42

Purpose of expenditure

REIMBURSE FOR LOAN +  
EXPENSES THRU JUNE 30, '98

-- 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: 1

2 FILER NAME

BOB LARSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

Oct 29,  
98

5 Payee name

FURROW

6 Payee address; City; State; Zip Code

4210 S. CONGRESS  
AUSTIN TX 78745

8 Amount (\$)

79.00

7 Purpose of expenditure

SIGN SUPPLIES

Reimbursement from political contributions intended

Date

Oct 31,  
98

Payee name

FURROW

Payee address; City; State; Zip Code

4210 S. CONGRESS  
AUSTIN TX 78745

Amount (\$)

18.14

Purpose of expenditure

STAKES

Reimbursement from political contributions intended

Date

Nov 1,  
98

Payee name

FURROW

Payee address; City; State; Zip Code

4210 S. CONGRESS  
AUSTIN TX 78745

Amount (\$)

5.30

Purpose of expenditure

STAKE

Reimbursement from political contributions intended

Date

Nov 2,  
98

Payee name

ENTERPRISE RENT-A-CAR

Payee address; City; State; Zip Code

701 E. BEN WHITE  
AUSTIN, TX 78704

Amount (\$)

110.80

Purpose of expenditure

LEASE VAN

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED