

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:
3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: **JUDGE** FIRST: **Bill** MI: _____
NICKNAME: _____ LAST: **ALESHIRE** SUFFIX: _____

OFFICE USE ONLY

Date Received: **12 10 23 AM '98**

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
**1205 Summit St.
Austin, TX 78741**

5 CAMPAIGN TREASURER NAME

TITLE: _____ FIRST: **Jim** MI: _____
NICKNAME: _____ LAST: **MORENO** SUFFIX: _____

Receipt # _____
MO / 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: _____
1205 Summit St. Austin TX 78741

7 CAMPAIGN TREASURER PHONE

AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____
(512) 444 7668

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th 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 THROUGH 12 / 31 / 98

10 ELECTION

ELECTION DATE: Month Day Year: **/ /**
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): **County JUDGE**
12 OFFICE SOUGHT (if known): _____

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** 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: _____

GO TO PAGE 2

FILED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 1

14 C/OH NAME

BILL ALESHIRE

15 ACCOUNT # (Ethics Commission Use)

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 920.13

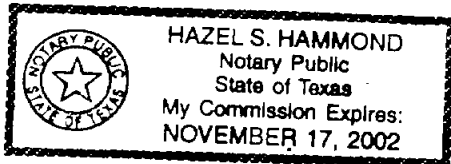
OUTSTANDING LOAN TOTALS

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.



Bill Aleshire
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Aleshire, this the 15th day of January

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

Hazel S. Hammond
Signature of officer administering oath

HAZEL S. HAMMOND
Print name of officer administering oath

HAZEL S. HAMMOND Notary Public
Title of officer administering oath

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: Bill Aleshire 3 ACCOUNT # (Ethics Commission filer):

4 Date <u>7/98</u>	5 Payee name <u>AT + T wireless</u> 6 Payee address; City; State; Zip Code <u>8620 Burnet Rd #120 Austin, TX 78759</u> 7 Purpose of expenditure <u>Mobile Phone</u>	8 Amount (\$) <u>\$ 143.03</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>8/98</u>	Payee name <u>AT + T wireless</u> Payee address; City; State; Zip Code <u>8620 Burnet Rd #120 Austin, TX 78759</u> Purpose of expenditure <u>Mobile Phone</u>	Amount (\$) <u>\$ 124.02</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>9/98</u>	Payee name <u>AT + T wireless</u> Payee address; City; State; Zip Code <u>8620 Burnet Rd #120 Austin, TX 78759</u> Purpose of expenditure <u>Mobile Phone</u>	Amount (\$) <u>\$ 268.45</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>10/98</u>	Payee name <u>AT + T wireless</u> Payee address; City; State; Zip Code <u>8620 Burnet Rd #120 Austin TX 78759</u> Purpose of expenditure <u>Mobile Phone</u>	Amount (\$) <u>\$ 172.28</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>11/98</u>	Payee name <u>AT + T wireless</u> Payee address; City; State; Zip Code <u>8620 Burnet Rd #120 Austin, TX 78759</u> Purpose of expenditure <u>Mobile Phone</u>	Amount (\$) <u>\$ 212.35</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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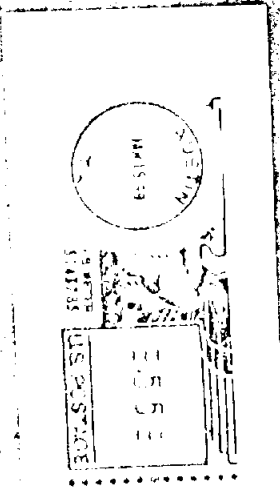
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Bill & Rae Aleshire
3605 Shady Valley
Austin, Texas 78739

FILED

JAN 19 10 23 AM '99

DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS



Elections Division
County Clerk's Office
TRAVIS COUNTY
P.O. Box 1748
Austin, TX 78767

ATTN: Officeholder Reports