

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4538

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

ten (10)

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Orval "Jerry"
NICKNAME LAST SUFFIX
Chandler

OFFICE USE ONLY

Date Received: FEB 11 10 07 AM '00
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE # CITY, STATE ZIP CODE
P.O. Box 200491 Austin, TX 78720

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Orval Jerry
NICKNAME LAST SUFFIX
Chandler

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY, STATE, ZIP CODE
P.O. Box 200491 Austin, TX 78720

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 627-0300

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
1 / 30 / 2000 THROUGH 2 / 14 / 2000

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 7 / 2000 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Tax Assessor Collector

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

NA

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

Orval Jerry Chandler

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	<i>NA</i>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	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 \$ *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*

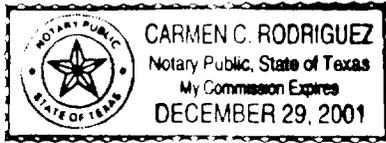
4. TOTAL POLITICAL EXPENDITURES \$ *0*

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.



Orval Jerry Chandler
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Orval J. Chandler*, this the *11th* day of *Feb*, 2000, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez
Signature of officer administering oath

Carmen C. Rodriguez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1
one (1)

2 FILER NAME *Annual Jerry Chandler*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <i>None</i>	<input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code				

9 Principal occupation (Optional) 10 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 (Optional) 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 (Optional) 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 (Optional) 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 (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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1

one (1)

2 FILER NAME

Orval Jerry Chandler

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

out-of-state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

None

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

out-of-state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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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

Coral Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

7 Name of lender

out-of-state PAC

9 Loan Amount (\$)

None

6 Is lender a financial institution?

8 Lender address, City, State, Zip Code

10 Interest rate

Y N

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address, City, State, Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address, City, State, Zip Code

Interest rate

Y N

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address, City, State, Zip Code

Principal Occupation

Employer

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
one (1)

2 FILER NAME

Orval Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	<i>NONE</i>	

6 Payee address; City; State; Zip Code

8 Purpose of expenditure (See instructions regarding type of information required)

9 ** 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 (See instructions regarding type of information required)

** 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 (See instructions regarding type of information required)

** 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 (See instructions regarding type of information required)

** 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
one (1)

2 FILER NAME
Orval Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Payee name <i>None</i>	8 Amount (\$)
		6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.)			<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.)		<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:
one (1)

2 FILER NAME
Orval Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name <i>None</i>	7 Amount (\$)
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6 Business address, City, State, Zip Code

8 Purpose of payment (See instructions regarding type of information required)

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 (See instructions regarding type of information required)

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

Date	Business name	Amount (\$)
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Business address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

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

Date	Business name	Amount (\$)
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Business address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

one (1)

2 FILER NAME

Prvaal Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K
one (1)

2 FILER NAME
Cirval Jerry Chandler

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	<i>None</i>	
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address, City: State: Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address, City: State: Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address, City: State: Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address, City: State: Zip Code	
	Reason for credit	

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