

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4647

**FORM C/OH
COVER SHEET PG 1**

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

1 ACCOUNT #
(Ethics Commission filer)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
NATHAN *H*
ZOOK

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
7724 NAVARRO PL
AUSTIN, TX 78749

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
NATHAN *H*
ZOOK

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
7724 Navarro Pl
AUSTIN, TX 78749

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) *291-0769*

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 / 1 / 00 THROUGH *6 / 30 / 00*

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 7 / 00

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
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

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 Nathan H Zook 15 ACCOUNT # (Ethics Commission file)

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. --

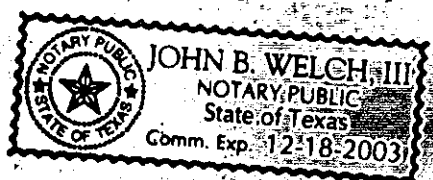
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 250
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 12.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 663.38
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250

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.



Nathan H Zook
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nathan H Zook this the 17 day of July 2000 to certify which, witness my hand and seal of office.

John B. Welch John B. Welch Notary
 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 FILER NAME
NATHAN H ZOOK

3 ACCOUNT # (Ethics Commission fees)

4 Date <i>4/26/00</i>	5 Full name of contributor <i>STEVE NUGLIA</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>929 S. CRIE AVE TULSA, OK 74112</i>			

9 Principal occupation
STUDENT

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

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)

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)

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

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

NATHAN H ZOOK

3 ACCOUNT # (Ethics Commission files)

4 Date
1/13/00

5 Payee name

TCRP

6 Payee address: City: State: Zip Code

8 Amount (\$)

\$600.00

7 Purpose of expenditure

FILING FEE

Reimbursement from political contributions intended

Date

1/28/00

Payee name

DURITE PAINTING

Payee address: City: State: Zip Code

5402 MIDDLE FISKVILLE RD
AUSTIN, TX 78751

Amount (\$)

60.62

Purpose of expenditure

BUSINESS CARDS

Reimbursement from political contributions intended

Date:

Payee name:

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED