

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4976

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MI: H.
FIRST: BARBARA
LAST: CILLEY
NICKNAME: SUFFIX:

OFFICE USE ONLY

Date Received

02 JAN 14 PM 3:19
TRAVIS COUNTY
CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:
1417 TRAVIS HEIGHTS BLVD
AUSTIN, TEXAS 78704

Date Hand-delivered on Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: MI: H.
FIRST: ALLEN
LAST: KAPLAN
NICKNAME: SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:
11507A NORTH LAMAR
AUSTIN, TEXAS 78753

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(512) 836-1085

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
12 / 28 / 2001 THROUGH 12 / 31 / 2001

10 ELECTION

ELECTION DATE: ELECTION TYPE:
Month Day Year: Primary Runoff General Special
3 / 12 / 2002

11 OFFICE

OFFICE HELD (if any): OFFICE SOUGHT (if known):
TRAVIS COUNTY COMMISSIONER
PRECINCT 4

13 NOTICE OF 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 BARBARA H. CILLEY	15 ACCOUNT # (Ethics Commission filers)
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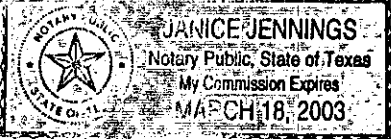
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,800.00
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4 TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
OUTSTANDING LOAN TOTALS	5 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



JANICE JENNINGS
Notary Public, State of Texas
My Commission Expires
MARCH 18, 2003

Barbara H. Cilley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barbara H. Cilley this the 14th day of January, 2002, to certify which, witness my hand and seal of office.

Janice Jennings
Signature of officer administering oath

Janice Jennings
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1. Total pages this Schedule A1: 1	
2. FILER NAME: BARBARA H. CILLEY		3. ACCOUNT # (Ethics Commission filers)	
4. Date: 12/28/01	5. Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): CHRIS GREER	7. Amount of contribution (\$): 100.00	8. In-kind contribution description (if applicable)
6. Contributor address, City, State, Zip Code: 3200 HARRIS PARK AVE., AUSTIN, TX 78705			
9. Principal occupation (Optional): ARCHITECT		10. Employer (Optional)	
Date: 12/29/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): MAUREEN MCREYNOLDS	Amount of contribution (\$): 500.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code: 410 E MONROE ST., AUSTIN, TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date: 12/29/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): DONALD S. HIGGINS	Amount of contribution (\$): 200.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code: P.O. BOX 720785, McALLEN, TX 78504			
Principal occupation (Optional): BUSINESS OWNER		Employer (Optional): D. SANDR L. HIGGINS	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	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 (ID#)	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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/31/01

5 Payee name

TRAVIS COUNTY DEMOCRATIC PARTY

6 Payee address City State Zip Code

4201 SOUTH CONGRESS #302 AUSTIN, TX 78745

8 Amount (\$)

1,000.00

7 Purpose of expenditure (See instructions regarding type of information required.)

FILING FEE

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED