

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Thomas Allen

15 ACCOUNT # (Ethics Commission filers)
00000000

16 NOTICE FROM 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

GENERAL

SPECIFIC

COMMITTEE NAME

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	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17.50
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 38.87
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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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.

Signature of Candidate or Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/4	
2 FILER NAME Mr. Thomas Allen		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/16/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Thomas Allen	7 Amount of contribution (\$) 17.50	8 In-kind contribution description (if applicable) Web site domain name
6 Contributor address; City; State; Zip Code 1314 Cullen Ave Austin TX 78757			
9 Principal occupation (Optional)		10 Employer (Optional)	

(This area is intentionally left blank for the filer to provide additional information.)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages report:
4/4

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)
Mr. Thomas Allen 00000000

4 Date 10/23/2001	5 Payee name 7-Eleven 6 Payee address; City; State; Zip Code 7401 Burnet Rd. Austin TX 78757 7 Purpose of expenditure (See instructions regarding type of information required.) Austin map	8 Amount (\$) 4.28 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 11/01/2001	Payee name Nelda Wells Spears, Travis County Tax Assessor-Collector Payee address; City; State; Zip Code 314 West 11th St Austin TX 78701 Purpose of expenditure (See instructions regarding type of information required.) Photocopies of District Demographic Information	Amount (\$) 0.70 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 11/15/2001	Payee name Office Depot Payee address; City; State; Zip Code 8752 Research Blvd Austin TX 78758 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Amount (\$) 33.89 <input type="checkbox"/> Reimbursement from political contributions intended
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