

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jeff Heckler

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** 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

- GENERAL
- SPECIFIC

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

\$

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

\$

32712.82

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

9250.00

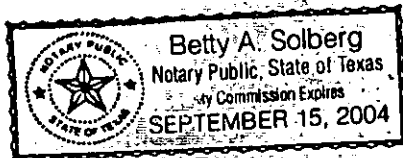
OUTSTANDING LOAN TOTALS

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.



Jeff Heckler
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Jeff Heckler* this the *15* day of *Jan*, 20 *02*, to certify which, witness my hand and seal of office.

Betty Solberg
Signature of officer administering oath

Printed name of officer administering oath

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 + 5

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/01

5 Full name of contributor out-of-state PAC (ID#)

Jeff Heckler

7 Amount of contribution (\$)

600

8 In-kind contribution description (if applicable)

6 Contributor address: City, State; Zip Code

1212 Guadalupe #200
Austin, TX 78701

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/2/01

Full name of contributor out-of-state PAC (ID#)

Kirk Mitchell

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

Contributor address: City, State; Zip Code

P.O. Box 4023
Austin, TX 78701

Principal occupation (Optional)

Employer (Optional)

Date

12/5/01

Full name of contributor out-of-state PAC (ID#)

Jeff Heckler

Amount of contribution (\$)

3000

In-kind contribution description (if applicable)

Contributor address: City, State; Zip Code

1212 Guadalupe #200
Austin, TX 78701

Principal occupation (Optional)

Employer (Optional)

Date

12/7/01

Full name of contributor out-of-state PAC (ID#)

Frank & Sally Heckler

Amount of contribution (\$)

9000

In-kind contribution description (if applicable)

Contributor address: City, State; Zip Code

3306 Creekside Cir
Pittsburgh, Pa 15241

Principal occupation (Optional)

Employer (Optional)

Date

12/10/01

Full name of contributor out-of-state PAC (ID#)

Jeff Heckler

Amount of contribution (\$)

3000

In-kind contribution description (if applicable)

Contributor address: City, State; Zip Code

1212 Guadalupe #200
Austin, TX 78701

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 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:

2 of 5

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/01

5 Full name of contributor out-of-state PAC (ID# _____)

Joanne Lawson

6 Contributor address; City; State; Zip Code

1102 Live Oak Ridge
Austin, TX 78746

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/11/01

Full name of contributor out-of-state PAC (ID# _____)

Jeff Heckler

Contributor address; City; State; Zip Code

1212 Euadalupe
Austin, TX 78746

Amount of contribution (\$)

297.82

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/11/01

Full name of contributor out-of-state PAC (ID# _____)

Kerame Walker

Contributor address; City; State; Zip Code

1210 Windsor #204
Austin, TX 78703

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/11/01

Full name of contributor out-of-state PAC (ID# _____)

Brian Rogers

Contributor address; City; State; Zip Code

1112 W. 9th
Austin, TX 78703

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/11/01

Full name of contributor out-of-state PAC (ID# _____)

Chuck Rice

Contributor address; City; State; Zip Code

909 Garner
Austin, TX 78704

Amount of contribution (\$)

1500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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:

3 out 5

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/11/01

5 Full name of contributor out-of-state PAC (ID# _____)

Sydney McKinley

6 Contributor address; City; State; Zip Code

Box 138
Austin, TX 78741

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/15/01

Full name of contributor out-of-state PAC (ID# _____)

Mark Borstey
Contributor address; City; State; Zip Code

7122 Wood Hollow #35
Austin, TX 78731

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/15/01

Full name of contributor out-of-state PAC (ID# _____)

Joanne Savage
Contributor address; City; State; Zip Code

1402 Eva
Austin, TX 78704

Amount of contribution (\$)

40

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/14/01

Full name of contributor out-of-state PAC (ID# _____)

Michael & Robin Carroll
Contributor address; City; State; Zip Code

96 Canon Park
Boulder CO 80302

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/15/01

Full name of contributor out-of-state PAC (ID# _____)

Roger Baker
Contributor address; City; State; Zip Code

1303 Bentwood
Austin, TX 78722

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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:

4 of 5

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/01

5 Full name of contributor

Frank & Sally Heckler

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

3316 Creole Circle
Pittsburgh, Pa 15211

7 Amount of contribution (\$)

9000

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/17/01

Full name of contributor

Mike Pope

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3307 Rocky Hollow
Georgetown, TX

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/20/01

Full name of contributor

Richard Templeton

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

109 W 32nd
Austin, TX 78705

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/20/01

Full name of contributor

Michael Marder

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Dpt of Physics, UT
Austin, TX 78712

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/20/01

Full name of contributor

Dr. Francis

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3928 Bryn Mowr
Dallas, TX 75225

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/DH, C/DH-SS, SC-C/DH,
SC-SPAC, SPAC, & SPAC-83)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <i>5 of 5</i>	
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/25/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Warner</i>	7 Amount of contribution (\$) <i>200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 92167 Austin, TX 78709</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>12/30/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Lewis</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>41509 Edgemont Austin, TX 78731</i>			
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)	
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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 1

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/11

5 Payee name

Grassroots Solutions

6 Payee address; City; State; Zip Code

87 Brazos Hill
Austin TX 78701

7 Amount (\$)

2500

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

Political Consulting

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/14/11

Payee name

David Terrell

Payee address; City; State; Zip Code

2600 ~~Hatt~~ Howellwood
Austin, TX 78748

Amount (\$)

2500

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

Campaign Manager

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/14/11

Payee name

Grassroots Solutions

Payee address; City; State; Zip Code

807 Brazos Hill
Austin, TX 78701

Amount (\$)

2400

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

Yard Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/14/11

Payee name

Steve Breas

Payee address; City; State; Zip Code

107 E 47th
Austin, TX 78751

Amount (\$)

650

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

Research

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/18/01

David Terrell

6 Payee address; City; State; Zip Code

*2600 Howellwood
Austin, Tx 78748*

200

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

Reimbursed for Expenses

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

Date

Payee name

Amount (\$)

12/27/01

Trauss County Dem Party

Payee address; City; State; Zip Code

*4201 S. Congress
Austin, Tx 78745*

1000

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

Filing Fee

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

Date

Payee name

Amount (\$)

Payee 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 Office held

Date

Payee name

Amount (\$)

Payee 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 Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



TEXAS ETHICS COMMISSION

P.O. Box 12070, Capitol Station
Austin, Texas 78711-2070

CERTIFIED COPIES

The undersigned as Records Administrator and Supervisor, Disclosure Filings Division of the Texas Ethics Commission, certifies that the attached is a true and correct copy of the following described document on file with this office:

FILER NAME	Jeffrey E. Heckler
DOCUMENT NAME	Appointment of a Campaign Treasurer by a Candidate
DATE RECEIVED	November 30, 2001
NUMBER OF PAGES CERTIFIED	1 Page

A handwritten signature in cursive script, appearing to read "Lisa Noblin".

Lisa Noblin
Supervisor, Public Records
Disclosure Filings
December 4, 2001

