

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5048

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:

12

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
BARBARA H.
NICKNAME LAST SUFFIX
CILLEY

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1417 TRAVIS HEIGHTS BLVD., AUSTIN, TX 78704

Change of Address

Date Hand-delivered, or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
ALLEN H.
NICKNAME LAST SUFFIX
KAPLAN

Receipt #

Amount

Date Processed

Date Imaged

FILED
02 FEB 11 PM 1:29
TRAVIS COUNTY CLERK

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11507A NORTH LAMAR, AUSTIN, TX 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
01 / 01 / 02 THROUGH 01 / 31 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 12 / 2002 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 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)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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

\$

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

\$ 7,175.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,644.69

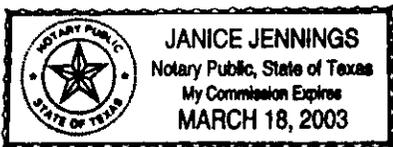
OUTSTANDING LOAN TOTALS

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

\$ 1,250.00

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.



Barbara 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 11th day of February, 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: 5	
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/04/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GWENDOLYN HILL WEBB 6 Contributor address; City; State; Zip Code 2640 BARTON HILLS DRIVE AUSTIN, TX 78704	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) ATTORNEY		10 Employer (Optional) WEBB & WEBB	
Date 1/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLETON L. COOKE, JR. Contributor address; City; State; Zip Code P.O. Box 50442 AUSTIN, TX 78704	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional) BUSINESS EXECUTIVE		Employer (Optional) U.S. MEDICAL SYSTEMS	
Date 1/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER JOHNSON Contributor address; City; State; Zip Code 1000 LIBERTY PARK #102 AUSTIN, TX 78746	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional) BUSINESS EXECUTIVE		Employer (Optional) U.S. MEDICAL SYSTEMS	
Date 1/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES B. SKAGGS Contributor address; City; State; Zip Code 4700 TOREADOR DRIVE AUSTIN, TX 78746	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) INVESTOR		Employer (Optional)	
Date 1/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIE M. COOKE Contributor address; City; State; Zip Code 12429 SCOFIELD FARMS ROAD # 101 AUSTIN, TX 78758	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional) RETIRED		Employer (Optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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: 5	
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/16/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD T. McCULLEY 6 Contributor address; City; State; Zip Code 319 D STREET, SE WASHINGTON, DC 20003	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) HISTORIAN		10 Employer (Optional) NATIONAL ARCHIVES	
Date 1/16/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRY L. SAVIO Contributor address; City; State; Zip Code 4300 KILGORE LANE AUSTIN, TX 78727	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional) ASSOCIATION EXECUTIVE		Employer (Optional) TEXAS CAPITOL AREA BUILDERS ASSN.	
Date 1/15/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. CLARKE HAMMOND Contributor address; City; State; Zip Code 1303 HILLSIDE DR. AUSTIN, TX 78704	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional) EXECUTIVE MANAGER		Employer (Optional)	
Date 1/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT I. LIPPINCOTT Contributor address; City; State; Zip Code 2322 TOWNES LN. AUSTIN, TX 78703	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) RESTAURANT OWNER		Employer (Optional) GUERO'S RESTAURANTS	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN C. LEWIS Contributor address; City; State; Zip Code 1717 WEST 6TH ST., # 390 AUSTIN, TX 78703	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) JOHN C. LEWIS COMPANY	

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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: 5	
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONAJI LIRA	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 300 CROCKETT ST., #312 AUSTIN, TX 78704			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA PAYNE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 CROCKETT ST., #119			
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSS DONALDSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11208 PINEHURST DRIVE AUSTIN, TX 78747			
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITA J. HARRIS	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3840 COLOGNE LANE AUSTIN, TX 78727			
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHA W. SLAUGHTER	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 837 NW 37TH ST. OKLAHOMA CITY, OK 73118			
Principal occupation (Optional) EXECUTIVE MANAGER		Employer (Optional) CITY OF OKLAHOMA CITY	

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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: 5	
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY BALES 6 Contributor address; City; State; Zip Code 11208 PINEHURST DR. AUSTIN, TX 78747	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANE PARSONS Contributor address; City; State; Zip Code 10819 CROWN COLONY DRIVE #15 AUSTIN, TX 78747	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTY HALSETH Contributor address; City; State; Zip Code 4410 SOUTH 3RD ST. AUSTIN, TX 787045	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAY JOHNSON Contributor address; City; State; Zip Code 2304 WHITESTONE AUSTIN, TX 78745	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDDIE CORTEZ Contributor address; City; State; Zip Code 5600 CHINABERRY RD. AUSTIN, TX 78744	Amount of contribution (\$) 100.00	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: 5	
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/18/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINA CORTEZ	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5600 CHINABERRY RD. AUSTIN, TX 78744			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/18/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUISE B. CILLEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6424 CENTRAL CITY BWD. #1011 # GALVESTON, TX 77551			
Principal occupation (Optional) RETIRED		Employer (Optional)	
Date 1/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDETTE LOWE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 ACADEMY DRIVE AUSTIN, TX 78704			
Principal occupation (Optional)		Employer (Optional)	
Date 1/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY J. FOJTIK	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) PHOTOGRAPHY AND PHOTOPRO- CESSING
Contributor address; City; State; Zip Code 1510 TRAVIS HEIGHTS BLVD. AUSTIN, TX 78704			
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 1/3/02	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD C. CILLEY	9 Loan Amount (\$) 1,250.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code 1417 TRAVIS HEIGHTS BLVD AUSTIN, TX 78704	10 Interest rate Ø
11 Maturity date NONE		
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
Maturity date		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <p style="text-align: center; margin: 0;">3</p>
2 FILER NAME <p>BARBARA H. CILLEY</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p>1/10/02</p>	5 Payee name <p>AFK STRATEGIES, INC.</p>	7 Amount (\$) <p>101.32</p>
6 Payee address; City; State; Zip Code <p>11507 NORTH LAMAR AUSTIN, TX 78704</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p>REIMBURSEMENT FOR PRINTING PUSHCARDS</p>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <p>1/10/02</p>	Payee name <p>MICHAEL NOFZIGER</p>	Amount (\$) <p>500.00</p>
Payee address; City; State; Zip Code <p>2118 CLIFTON AUSTIN, TX 78704</p>		
Purpose of payment (See instructions regarding type of information required.) <p>CONSULTING SERVICES</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <p>1/18/02</p>	Payee name <p>SIGN EFFECTS</p>	Amount (\$) <p>862.00</p>
Payee address; City; State; Zip Code <p>1708 BENCH MARK DR. AUSTIN, TX 78728</p>		
Purpose of payment (See instructions regarding type of information required.) <p>PRINTING YARD SIGNS</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <p>1/18/02</p>	Payee name <p>PARAGON PRINTING & MAILING</p>	Amount (\$) <p>1,056.63</p>
Payee address; City; State; Zip Code <p>10423 MCKALLA PLACE AUSTIN, TX 78758</p>		
Purpose of payment (See instructions regarding type of information required.) <p>PRINTING PUSHCARDS</p>		** 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: 3
2 FILER NAME BARBARA H. CILLEY		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/21/02	5 Payee name BRIAN BAGGETT / GREENWOOD STUDIOS 6 Payee address; City; State; Zip Code 2936 BARTON SKYWAY AUSTIN, TX 78746	7 Amount (\$) 197.06
8 Purpose of payment (See instructions regarding type of information required.) PHOTOGRAPHY		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/28/02	Payee name BRIAN BAGGETT Payee address; City; State; Zip Code 2936 BARTON SKYWAY AUSTIN, TX 78746	Amount (\$) 153.72
Purpose of payment (See instructions regarding type of information required.) PHOTOGRAPHY		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/29/02	Payee name HOME DEPOT Payee address; City; State; Zip Code 7211 NORTH IH-35 AUSTIN, TX 78752	Amount (\$) 108.14
Purpose of payment (See instructions regarding type of information required.) STAKES FOR YARD SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/30/02	Payee name SIGN EFFECTS Payee address; City; State; Zip Code 1708 BENCH MARK DRIVE AUSTIN, TX 78728	Amount (\$) 2,210.91
Purpose of payment (See instructions regarding type of information required.) SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME <i>BARBARA H. CILLEY</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/30/02</i>	5 Payee name <i>PARAGON PRINTING & MAILING</i> 6 Payee address; City; State; Zip Code <i>10423 MCKALLA PLACE AUSTIN, TX 78758</i>	7 Amount (\$) <i>454.91</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>PRINTING AND STATIONARY</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <p style="text-align: center;">1</p>
2 FILER NAME <i>BARBARA H. CILLEY</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/17/02</i>	5 Payee name <i>OFFICE DEPOT</i>	8 Amount (\$) <i>8.41</i>
6 Payee address; City; State; Zip Code <i>2101 SOUTH LAMAR AUSTIN, TX 78704</i>		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>ENVELOPES</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> Reimbursement from political contributions intended

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