



# 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)

\$

*10975*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

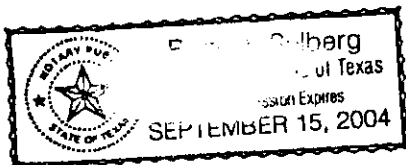
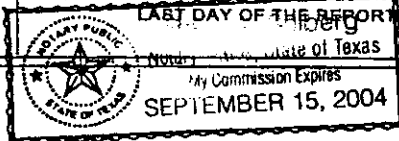
*17975.02*

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 *11* day of *Feb*, 20 *02*, to certify which, witness my hand and seal of office.

*Betty Salberg*  
Signature of officer administering oath

*Betty Salberg*  
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: <i>10 Pz</i>	
2 FILER NAME <i>Jeff Heckler</i>						3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/5</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen McCarter</i>				7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
		6 Contributor address: City, State; Zip Code <i>3812 Duval Austin, TX 78751</i>					
9 Principal occupation (Optional)				10 Employer (Optional)			
Date <i>1/5</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Holderness</i>				Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
		Contributor address: City, State; Zip Code <i>2943 Thousand Oaks Austin, TX 78746</i>					
Principal occupation (Optional)				Employer (Optional)			
Date <i>1/11</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marisa Martinez</i>				Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
		Contributor address: City, State; Zip Code <i>4507 Walton Heath Austin TX 78747</i>					
Principal occupation (Optional)				Employer (Optional)			
Date <i>1/13</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack Haden</i>				Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
		Contributor address: City, State; Zip Code <i>905 West Rock Locust Pflugerville, TX 78660</i>					
Principal occupation (Optional)				Employer (Optional)			
Date <i>2/16</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joyce Okimura</i>				Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
		Contributor address: City, State; Zip Code <i>610 S. Third Arcadia CA 91006</i>					
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:

2012

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission files)

4 Date

1/16

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

J. Joseph Kennedy

6 Contributor address; City; State; Zip Code

2030 Roscomore Rd  
Beverly Hills, CA 90077

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/25

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

Frank Heckler

Contributor address; City; State; Zip Code

3316 Creole Cir  
Pgh, Pa 15241

Amount of contribution (\$)

9000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/25

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

Hank Stringer

Contributor address; City; State; Zip Code

6105 Marguessa  
Austin, TX 78731

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/30

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

Emma Mayton

Contributor address; City; State; Zip Code

7101 Daughtery  
Austin, TX 78757

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/25

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

Nancy Engman

Contributor address; City; State; Zip Code

409 W. 13th  
Austin TX 78701

Amount of contribution (\$)

100

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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDES explains how to complete this form.		1 Total pages Schedule F: <i>108</i>
2 FILER NAME <i>Jeff Hackler</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/3</i>	5 Payee name <i>Traque County Dem Party</i>	7 Amount (\$) <i>500</i>
6 Payee address; City, State; Zip Code <i>4201 S. Congress Austin, TX 78745</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Ad</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/17</i>	Payee name <i>Grassroots Solutions</i>	Amount (\$) <i>2500</i>
Payee address; City, State; Zip Code <i>807 Brazos Hill Austin, TX 78701</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Political Consulting</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/7</i>	Payee name <i>David Terrall</i>	Amount (\$) <i>200</i>
Payee address; City, State; Zip Code <i>2660 Howellwood Austin, TX 78748</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Reim. for Expenses</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/11</i>	Payee name <i>Andy Norton</i>	Amount (\$) <i>500</i>
Payee address; City, State; Zip Code <i>2406 Medical Parkway Austin, TX 787</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Deposit on Camp Office</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>2 of 8</i>
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/11</i>	5 Payee name <i>Andy Norton</i> 6 Payee address; City, State; Zip Code <i>Same as above</i>	7 Amount (\$) <i>1000</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Rent</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/11</i>	Payee name <i>Grassroots Solutions</i> Payee address; City, State; Zip Code <i>Same as above</i>	Amount (\$) <i>1993.45</i>
Purpose of payment (See instructions regarding type of information required.) <i>Signs, lists, etc</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/13</i>	Payee name <i>CASH</i> Payee address; City, State; Zip Code <i>—</i>	Amount (\$) <i>100</i>
Purpose of payment (See instructions regarding type of information required.) <i>Volunteer Refreshments</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>1/18</i>	Payee name <i>John St Denis</i> Payee address; City, State; Zip Code <i>807 W Lynn #1214 Austin, TX 78703</i>	Amount (\$) <i>50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Electronics / Phone</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>3 of 8</i>
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/18</i>	5 Payee name <i>Chris Symonak</i> 6 Payee address; City; State; Zip Code <i>2900 Lafayette Austin, TX 78722</i>	7 Amount (\$) <i>50</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking/Phoning</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <i>1/18</i>	Payee name <i>David Terrell</i> Payee address; City; State; Zip Code <i>Same as Above</i>	Amount (\$) <i>2500</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Manager</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <i>1/18</i>	Payee name <i>Mrs. Lizarraga</i> Payee address; City; State; Zip Code <i>8608 Cordon Austin, TX 78748</i>	Amount (\$) <i>55</i>
Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking/Phoning</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <i>1/18</i>	Payee name <i>Rick Blakely</i> Payee address; City; State; Zip Code <i>488 Kelley Rd Rastron, TX 78602</i>	Amount (\$) <i>50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Phoning</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
4 of 8

2 FILER NAME  
Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date  
1/19

5 Payee name  
Misty Lizarraga

6 Payee address; City; State; Zip Code  
Same as above

7 Amount (\$)  
140

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

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

Date  
1/23

Payee name  
Tyson

Payee address; City; State; Zip Code  
Dallas, TX

Amount (\$)  
750

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

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

Date  
1/23

Payee name  
Shelby Rongstad

Payee address; City; State; Zip Code  
unknown at this time

Amount (\$)  
205

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

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

Date  
1/23

Payee name  
David Terrill

Payee address; City; State; Zip Code  
~~Reimburse~~ Same as above

Amount (\$)  
200

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

\*\* 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:  
5 of 8

2 FILER NAME *Jeff Huckler* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/2</i>	5 Payee name <i>Rock Blakely</i> 6 Payee address; City; State; Zip Code <i>Same as above</i>	7 Amount (\$) <i>155</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Phoning</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>Misty Lizarraga</i> Payee address; City; State; Zip Code <i>Same as above</i>	Amount (\$) <i>145</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking / Phoning</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>Shelby Rungstad</i> Payee address; City; State; Zip Code <i>Same as above</i>	Amount (\$) <i>75</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking / Phoning</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>David Tenn</i> Payee address; City; State; Zip Code <i>Same as above</i>	Amount (\$) <i>200</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Rem. for Expenses</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**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:  
6 of 8

2 **FILER NAME** *Jeff Heckler* 3 **ACCOUNT #** (Ethics Commission filers)

4 <b>Date</b> <i>2/2</i>	5 <b>Payee name</b> <i>Steve Beas</i>	7 <b>Amount (\$)</b> <i>500</i>
	6 <b>Payee address; City; State; Zip Code</b> <i>107 E. 47th Austin, TX 78751</i>	

8 <b>Purpose of payment</b> (See instructions regarding type of information required.) <i>Research</i>	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>Michael Levens</i>	Amount (\$) <i>220</i>
	Payee address; City; State; Zip Code <i>Unknown at this time</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>Scott Newton</i>	Amount (\$) <i>202.17</i>
	Payee address; City; State; Zip Code <i>1800 E. Stassnert Austin TX 78744</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Photos</i>	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held
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Date <i>2/2</i>	Payee name <i>Rock Blakely</i>	Amount (\$) <i>175</i>
	Payee address; City; State; Zip Code <i>Same as above</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Phone</i>	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>7 of 8</i>
2 FILER NAME <i>Jeff Hackler</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/2</i>	5 Payee name <i>US Postmaster</i> 6 Payee address; City, State; Zip Code	7 Amount (\$) <i>646</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>2/2</i>	Payee name <i>Grassroots Solutions</i> Payee address; City, State; Zip Code <i>Same as above</i>	Amount (\$) <i>2500</i>
Purpose of payment (See instructions regarding type of information required.) <i>Political Consulting</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>2/7</i>	Payee name <i>Andy Norton</i> Payee address; City, State; Zip Code <i>Same as above</i>	Amount (\$) <i>1000</i>
Purpose of payment (See instructions regarding type of information required.) <i>Rent</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>2/7</i>	Payee name <i>Steve B...S</i> Payee address; City, State; Zip Code <i>Same as above</i>	Amount (\$) <i>250</i>
Purpose of payment (See instructions regarding type of information required.) <i>Research</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
*8 of 8*

2 FILER NAME *Jeff Heckler* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/7</i>	5 Payee name <i>Mrs. Lizarraga</i>	7 Amount (\$) <i>65</i>
6 Payee address; City; State; Zip Code <i>Same as above</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>2/7</i>	Payee name <i>Shelby Rongstad</i>	Amount (\$) <i>70</i>
Payee address; City; State; Zip Code <i>Same as above</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Blockwalking / Phoning</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>2/7</i>	Payee name <i>Michael Levens</i>	Amount (\$) <i>232</i>
Payee address; City; State; Zip Code <i>Same</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>2/7</i>	Payee name <i>Grassroots Solutions</i>	Amount (\$) <i>1586.42</i>
Payee address; City; State; Zip Code <i>Same</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Letterhead, mail, printing</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**