Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5105

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: 16

OFFICE USE ONLY

Date Received

FILED
02 MAR -4 PM 2:38
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

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

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

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: 01/01/02 THROUGH Month Day Year: 03/02/02

10 ELECTION

ELECTION DATE: Month Day Year: 03/12/02

ELECTION TYPE: ☒ 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

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 OF 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/3/02	TERRY M. CRUM POBOX 144451, AUSTIN, TX 78714-4451	$100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/2/02	BRYAN M. HALE 1300 WINDSOR RD., AUSTIN, TX 78703	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/02	BRAD BEUTEL 6507 LAKEWOOD DR., AUSTIN, TX 78731	1,000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/02	ROBERT KLEEMAN 1515 SO. CAPITAL OF TEXAS HWY., SUITE 445 AUSTIN, TX 78746	125.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/02	JIMMY ALAN HALL 1515 SO. CAPITAL OF TEXAS HWY., SUITE 445 AUSTIN, TX 78746	125.00	

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 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/11/02	JIMMY NASSOUR 1200 SAN ANTONIO, AUSTIN, TX 78701	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/11/02	JOHN CARL DAYWOOD 600 SABINE ST., SUITE 200 AUSTIN, TX 78701	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/11/02	S. THURMAN BLACKBURN III POBOX 27335, AUSTIN, TX 78755	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/15/02	JAMES B. SKAGGS 4700 TOREADOR DR., AUSTIN, TX 78746	3,000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/18/02	PASCUAL L. PIEDFORT POBOX 33267, AUSTIN, TX 78764	100.00	

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)

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1 Total pages this Schedule A1: 3 OF 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/18/02	RICHARD C. VASQUEZ 1314 HYMAN LANE, AUSTIN, TX 78742	20.00	

9 Principal occupation (Optional): | 10 Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/18/02	DON WEST 715 W. SLAUGHTER LANE AUSTIN, TX 78748	100.00	

Principal occupation (Optional): | Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/23/02	SHARON A. RIDINGS 2301 WINDSWEPT DRIVE AUSTIN, TX 78738	1,000.00	

Principal occupation (Optional): | Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/02	JAMES MEREDITH 1004 MOPAC CIRCLE #201 AUSTIN, TX 78746	100.00	

Principal occupation (Optional): | Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/21/02	RITA J. HARRIS 3840 COLOGNE LANE, AUSTIN, TX 78727	20.00	

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)

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1 Total pages this Schedule A1: 4 OF 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/28/02	JAMES M. MAUND 1500 SO. CONGRESS AVE. AUSTIN, TX 78704	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/02	BARBARA ELLIS 404 BROOKHAVEN TRAIL AUSTIN, TX 78746	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	BRAD BEUTEL 6507 LAKEWOOD DR., AUSTIN, TX 78731	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	MRS. ROBERT S. PATTERSON 102 WOODLAND TRAIL, LEANDER, TX 78641	300.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	STEVEN BARTLETT 110 WOODVIEW COURT, AUSTIN, TX 78746	300.00	

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)

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1 Total pages this Schedule A1: 5 OF 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/1/02	BERT PENCE 708 RIO GRANDE, AUSTIN, TX 78701	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	WANELLE WAGNER 1807 STONERIDGE RD., AUSTIN, TX 78746	300.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	JOHN C. LEWIS 1717 WEST 6TH, #390, AUSTIN, TX 78703	1,500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	JORGE GARCIA 614 EAST OLTORF, AUSTIN, TX 78704	55.00	FOOD FOR WALKING VOLUNTEERS

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/02	PATSY R. KLINGEMANN 135 RABBIT RUN, BUDA, TX 78610	300.00	

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: 6 OF 6

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/1/02	LISA KASPAR 8101 SEMINARY RIDGE, AUSTIN, TX 78745	300.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1 OF 1

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission file s)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
2/1/02	RICHARD C. CILLEY	2,000.00
6 Is lender a financial Institution? Y (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

☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
2/26/02	RICHARD C. CILLEY	5,000.00
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code: 1417 TRAVIS HEIGHTS BLVD. AUSTIN, TX 78704	Interest rate: Ø
		Maturity date: NONE

Description of Collateral

☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/1/02	US POSTMASTER 1800 SOUTH 5TH, AUSTIN, TX 78764	170.00

8 Purpose of payment (See Instructions regarding type of information required.): POST OFFICE BOX RENTAL

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 ($)
2/1/02	ALLEN H. KAPLAN 11507A NORTH LAMAR, AUSTIN, TX 78753	1,000.00

Purpose of payment (See Instructions regarding type of information required.): CONSULTING SERVICES

•• 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 ($)
2/1/02	MICHAEL NOFZIGER 2118 CLIFTON, AUSTIN, TX 78704	1,000.00

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

•• 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 ($)
2/1/02	ROBIN OLSEN 4303 SHOAL CREEK BLVD., AUSTIN, TX 78756	500.00

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

•• 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 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/1/02	BOB ALLEN 4E 00 BROKEN BOW PASS, AUSTIN, TX 78745	250.00

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

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 ($)
2/3/01	JANICE KINCHELOE 17851 SPYGLASS, # 212 AUSTIN, TX 78746	500.00

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

•• 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 ($)
2/5/01	OPINION ANALYSTS, INC. 916 RIO GRANDE, AUSTIN, TX 78701	261.91

Purpose of payment (See instructions regarding type of information required.): PRECINCT WALK LISTS BY STREET

•• 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 ($)
2/6/02	ALEX RODRIGUEZ 1007 BROADVIEW, AUSTIN, TX 78723	100.00

Purpose of payment (See instructions regarding type of information required.): GRAPHIC DESIGN FOR DIRECT MAIL PIECE.

•• 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 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/9/02	HILL'S SERVICES POBOX 144451, AUSTIN, TX 78714	480.88

8 Purpose of payment (See instructions regarding type of information required.): MEDIA SUPPLIES AND MOUNTING HARDWARE FOR YARD SIGNS

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 ($)
2/12/02	MICHAEL NOFZIGER 2118 CLIFTON, AUSTIN, TX 78704	63.73

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR YARD SIGN STAKES AND FOOD FOR VOLUNTEERS

•• 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 ($)
2/15/02	TRAVIS COUNTY DEMOCRATIC PARTY	400.00

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

•• 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 ($)
2/15/02	TRAVIS CO. VOTER REGISTRAR 1000 GUADALUPE ST., AUSTIN, TX 78701	135.00

Purpose of payment (See instructions regarding type of information required.): MAPS OF ELECTION PRECINCTS IN COUNTY PRECINCT 4

•• 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: 4 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/18/02	OPINION ANALYSTS, INC. 906 RIO GRANDE, AUSTIN, TX 78701	240.74

8 Purpose of payment (See instructions regarding type of information required.): VOTER MAILING ADDRESS LISTS

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 ($)
2/20/02	ROBIN OLSEN 4303 SHOAL CREEK BLVD., AUSTIN, TX 78756	250.00

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

•• 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 ($)
2/21/02	SUNSET PRESS 308 TEXAS AVENUE, ROUND ROCK, TX 78664	1,749.00

Purpose of payment (See instructions regarding type of information required.): DIRECT MAIL PIECE PRODUCTION

•• 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 ($)
2/25/02	JOHN KELLY 11919 MANCHACA RD., AUSTIN, TX 78748	50.00

Purpose of payment (See instructions regarding type of information required.): CONSULTING SERVICES FOR PRECINCT WALKS.

•• 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: 5 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
2/25/02	KVET RADIO 605 NORTH LAMAR, AUSTIN, TX 78701	9,100.00	RADIO ADVERTISEMENTS	
2/26/02	BOB ALLEN 4800 BROKEN BOW PASS, AUSTIN, TX 78745	100.00	CONSULTING SERVICES	
2/26/02	ALEX RODRIGUEZ 1047 BROADVIEW, AUSTIN, TX 78723	190.00	GRAPHIC DESIGN FOR DIRECT MAIL PIECE	
2/26/02	U.S POSTMASTER 1800 SOUTH 5TH, AUSTIN, TX 78764	1,240.00	POSTAGE FOR DIRECT MAIL PIECE	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 OF 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/26/02	KVET RADIO 605 NORTH LAMAR, AUSTIN, TX 78701	921.00

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

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 ($)
3/1/02	ALLEN H. KAPLAN 11507A NORTH LAMAR, AUSTIN, TX 78753	1,500.00

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

•• 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 ($)
3/1/02	MICHAEL NOFZIGER 2118 CLIFTON, AUSTIN, TX 78704	1,500.00

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

•• 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 ($)
	JANICE KINCHION 1781 SPYGLASS #212, AUSTIN, TX 78746	700.00

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

•• 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: 7 OF 7

2 FILER NAME: BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/1/02	KKLB-FM RADIO 7524 NORTH LAMAR AUSTIN, TX 78752	200.00

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

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 ($)
3/1/02	OPINION ANALYSTS, INC. 916 GUADALUPE ST., AUSTIN, TX 78701	87.30

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

•• 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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
☐ 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	$ 4.81
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,745.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 14,510.56

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 8,250.00

19 AFFIDAVIT

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

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 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 4th day of March, 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