

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 5123

## FORM C/OH COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>	<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b>  <b>6</b></p>
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>TITLE FIRST MI <b>BARBARA H.</b></p> <p>NICKNAME LAST SUFFIX <b>CILLEY</b></p>	<div style="border: 2px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received: <b>2 APR 11 PM 4:01</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">                 DATA DESIGN CENTER                  COUNTY CLERK                  TRAVIS COUNTY TEXAS             </p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt #      Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
<p><b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b></p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1417 TRAVIS HEIGHTS BLVD. AUSTIN, TX 78704</b></p>	
<p><b>5 CAMPAIGN TREASURER NAME</b></p>	<p>TITLE FIRST MI <b>ALLEN H.</b></p> <p>NICKNAME LAST SUFFIX <b>KAPLAN</b></p>	
<p><b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>11507A NORTH LAMAR AUSTIN, TX 78753</b></p>	
<p><b>7 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION <b>(512) 836-1085</b></p>	
<p><b>8 REPORT TYPE</b></p>	<p> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)  <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input checked="" type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final report (Attach C/OH - FR)                 </p>	
<p><b>9 PERIOD COVERED</b></p>	<p>Month Day Year      Month Day Year <b>03 / 03 / 02      THROUGH      04 / 10 / 02</b></p>	
<p><b>10 ELECTION</b></p>	<p>ELECTION DATE Month Day Year <b>03 / 12 / 02</b></p>	<p>ELECTION TYPE <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special</p>
<p><b>11 OFFICE</b></p>	<p>OFFICE HELD (if any)</p>	<p><b>12 OFFICE SOUGHT (if known)</b> <b>TRAVIS COUNTY COMMISSIONER PRECINCT 4</b></p>
<p><b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p> <p><input type="checkbox"/> additional pages</p>	<p>•• 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. ••</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>	

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# 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

\$

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

\$ 200.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,920.71

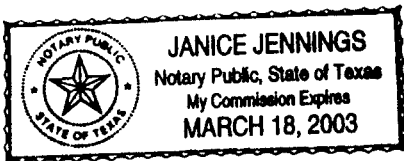
OUTSTANDING LOAN TOTALS

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

\$ 8,250.00

19 AFFIDAVIT

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 Cilley, this the 11<sup>th</sup> day of April, 20 02, 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:

1

2 FILER NAME

BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10/02

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

MATTHEW F. KREISLE III

6 Contributor address; City; State; Zip Code

3601 TAYLORS DRIVE  
AUSTIN, TX 78703

7 Amount of  
contribution (\$)

200.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor  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  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  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  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:

1053

2 FILER NAME

BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/04/02

5 Payee name

SUNSET PRESS

7 Amount (\$)

3,129.97

6 Payee address; City; State; Zip Code

308 TEXAS AVENUE, ROUND ROCK, TX 78664

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

DIRECT MAIL PRODUCTION

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

Candidate / Officeholder name Office sought Office held

Date

03/03/02

Payee name

ALEX RODRIGUEZ

Amount (\$)

110.00

Payee address; City; State; Zip Code

1047 BROADVIEW, AUSTIN, TX 78723

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

GRAPHIC DESIGN

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

Candidate / Officeholder name Office sought Office held

Date

03/04/02

Payee name

U.S. POSTMASTER

Amount (\$)

1,236.68

Payee address; City; State; Zip Code

1800 So. 5<sup>TH</sup> ST., AUSTIN, TX 78704

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

POSTAGE

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

Candidate / Officeholder name Office sought Office held

Date

03/04/02

Payee name

SUNSET PRESS

Amount (\$)

144.29

Payee address; City; State; Zip Code

308 TEXAS AVENUE, ROUND ROCK, TX 78664

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

DIRECT MAIL PRODUCTION

•• 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:  
**2 OF 3**

2 FILER NAME **BARBARA CILLEY** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>03/06/02</b>	5 Payee name <b>BOB ALLEN</b>	7 Amount (\$) <b>150.00</b>
6 Payee address; City; State; Zip Code <b>4800 BROKEN BOW PASS, AUSTIN, TX 78745</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>CONSULTING SERVICES</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <b>03/06/02</b>	Payee name <b>JOHN KELLY</b>	Amount (\$) <b>100.00</b>
Payee address; City; State; Zip Code <b>11919 MANCHACAR RD., AUSTIN, TX 78748</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CONSULTING SERVICES</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <b>03/06/02</b>	Payee name <del>XXXXXXXXXX</del> <b>EXACTO GRAPHICS</b>	Amount (\$) <b>250.00</b>
Payee address; City; State; Zip Code <b>1328 GERRILL LANE LEXINGTON, TX 78947</b>		

Purpose of payment (See instructions regarding type of information required.) <b>GRAPHIC DESIGN</b>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <b>03/08/02</b>	Payee name <b>HOME DEPOT</b>	Amount (\$) <b>129.77</b>
Payee address; City; State; Zip Code <b>7211 NO. IH35, AUSTIN, TX 78752</b>		

Purpose of payment (See instructions regarding type of information required.) <b>YARD SIGN STAKES</b>	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:

3 OF 3

2 FILER NAME

BARBARA H. CILLEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/11/02

5 Payee name

BOB ALLEN

6 Payee address; City; State; Zip Code

4800 BROKEN BOW PASS, AUSTIN, TX 78745

7 Amount (\$)

150.00

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

04/07/02

Payee name

ALLEN KAPLAN

Payee address; City; State; Zip Code

11507A NO. LAMAR, AUSTIN, TX 78753

Amount (\$)

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

04/10/02

Payee name

RICARDO ARMENDARIZ

Payee address; City; State; Zip Code

811 NEWMAN EL PASO, TX 79902

Amount (\$)

20.00

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

TRANSLATION 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 (\$)

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