

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5134

### 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:  <div style="font-size: 2em; text-align: center;">21</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.2em;">IRA J</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">YATES</div>	OFFICE USE ONLY Date Received: <span style="font-size: 0.8em;">APR 21 PM 4:05</span> Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">PO Box 90609 Austin TX</div> <div style="font-size: 1.2em;">Austin TX 78709-0609</div>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <div style="text-align: center; font-size: 1.2em;">IRA J</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">YATES</div>	Receipt # HD / PM Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">PO Box 90609 Austin TX 78709-0609</div>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 292-1917</div>		
8 REPORT TYPE	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="font-size: 1.2em;">3 / 2 / 02    6 / 30 / 02</div>		
10 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">3 / 12 / 02</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">TRAVIS County Commissioner PCT 3</div>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- 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: <div style="font-size: 2em; text-align: center;">N/A</div> Address / PO Box: APT / Suite #: City: State: Zip Code		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **IRA J YATES**

15 ACCOUNT # (Ethics Commission Use)

16 SUPPORTING POLITICAL COMMITTEE(S) -- This listing includes 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 --

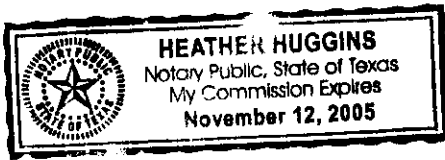
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<b>N/A</b>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidavits 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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,425.60
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 58,269.01

### 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.



*Ira J. Yates*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ira J. Yates, this the 21st day of May, 2002, to certify which, witness my hand and seal of office.

*Heather Huggins* Signature of officer administering oath  
Heather Huggins Print 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 & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

*IRA J YATES*

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

*N/A*

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out of state PAC

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

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

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

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.**

# PLEGGED CONTRIBUTIONS

# SCHEDULE B1

(FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME

*IRA J YATES*

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

*NONE N/A*

7 Pledgor address;    City;   State;   Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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:

5

2 FILER NAME

IRA JON YATES

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

3/4/02

7 Name of lender

IRA JON YATES

out of state PAC

9 Loan Amount (\$)

30<sup>00</sup>

6 Is lender a financial institution?

Y  (N)

8 Lender address: City: State: Zip Code

4309 Circle C Ranch Rd  
Austin TX 78739

10 Interest rate

- 0 -

11 Maturity date

4/15/03

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

Rancher

18 Employer

SELF

Date of loan

3/4/02

Name of lender

IRA JON YATES

out of state PAC

Loan Amount (\$)

340<sup>00</sup>

Is lender a financial institution?

Y  (N)

Lender address: City: State: Zip Code

4309 Circle C Ranch Rd  
Austin TX 78739

Interest rate

- 0 -

Maturity date

4/15/03

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Rancher

Employer

SELF

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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:

**5**

2 FILER NAME

**IRA J YATES**

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

**3/4/02**

7 Name of lender

**IRA J YATES**

out of state PAC

9 Loan Amount (\$)

**13<sup>02</sup>**

6 Is lender a financial institution?

Y  N

8 Lender address; City: State: Zip Code

**4309 CIRCLE C RANCH RD  
Austin TX 78739**

10 Interest rate

**- 0 -**

11 Maturity date

**4/15/03**

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City: State: Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

**Rancher**

18 Employer

**SELF**

Date of loan

**3/6/02**

Name of lender

**IRA J YATES**

out of state PAC

Loan Amount (\$)

**169<sup>96</sup>**

Is lender a financial institution?

Y  N

Lender address; City: State: Zip Code

**4309 CIRCLE C RANCH RD  
Austin TX 78739**

Interest rate

**- 0 -**

Maturity date

**4/15/03**

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

**Rancher**

Employer

**SELF**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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:

5

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

5 Date of loan

3/6/02

7 Name of lender

IRA J YATES

out of state PAC

9 Loan Amount (\$)

260<sup>00</sup>

6 Is lender a financial institution?

Y

8 Lender address; City; State; Zip Code

4309 Circle CRANCH Rd

Austin TX 78739

10 Interest rate

- 0 -

11 Maturity date

4/15/03

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

RANCHER

18 Employer

SELF

Date of loan

3/6/02

Name of lender

IRA J YATES

out of state PAC

Loan Amount (\$)

230<sup>00</sup>

Is lender a financial institution?

Y

Lender address; City; State; Zip Code

4309 Circle CRANCH Rd

Austin TX 78739

Interest rate

- 0 -

Maturity date

4/15/03

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

RANCHER

Employer

SELF

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

5

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

3/6/02

7 Name of lender

IRA J YATES

out of state PAC

9 Loan Amount (\$)

65<sup>00</sup>

6 Is lender a financial institution?

Y

8 Lender address: City: State: Zip Code

4309 CIRCLE C RANCA RD  
Austin TX 78739

10 Interest rate

- 0 -

11 Maturity date

4/15/03

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

Rancher

18 Employer

SELF

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

IRA J YATES

68<sup>62</sup>

Is lender a financial institution?

Y

Lender address: City: State: Zip Code

4309 CIRCLE C RANCA RD  
Austin TX 78739

Interest rate

- 0 -

Maturity date

4/15/03

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

Rancher

Employer

SELF

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**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

**5**

2 FILER NAME

**IRA J YATES**

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

5 Date of loan

**3/11/02**

7 Name of lender

**IRA J YATES**

out of state PAC

9 Loan Amount (\$)

**80<sup>00</sup>**

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

**4309 Circle C Ranch Rd  
Austin TX 78739**

10 Interest rate

**-0-**

11 Maturity date

**4/15/03**

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

**Rancher**

18 Employer

**SELF**

Date of loan

**3/13/02**

Name of lender

**IRA J YATES**

out of state PAC

Loan Amount (\$)

**96<sup>00</sup>**

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

**4309 Circle C Ranch Rd  
Austin TX 78739**

Interest rate

**-0-**

Maturity date

**4/15/03**

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

**Rancher**

Employer

**SELF**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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.  
**7**

2 FILER NAME

**IRA J YATES**

3 ACCOUNT # (Ethics Commission #s)

4 Date

**3/8/02**

5 Payee name

**Michael Scruggs**

6 Payee address: City: State: Zip Code

**1307 Oxford Dr  
Austin TX 78701**

7 Amount (\$)

~~130.00~~  
**145.00**

8 Purpose of expenditure

**LABOR**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

**3/8/02**

Payee name

**Candice Tower**

Payee address: City: State: Zip Code

**Spring Valley Dr,  
Dripping Springs TX 78620**

Amount (\$)

**120.00**

Purpose of expenditure

**LABOR**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

**3/8/02**

Payee name

**Poke50es**

Payee address: City: State: Zip Code

**1202-c I-35  
Round Rock TX 78681**

Amount (\$)

**2143.82**

Purpose of expenditure

**Catering**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

**3/8/02**

Payee name

**StudaBakers**

Payee address: City: State: Zip Code

**2705 Sherwood Ln.  
Austin TX 78704**

Amount (\$)

**650.00**

Purpose of expenditure

**Music event**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

3/4/02

5 Payee name

GRASS ROOTS SOLUTIONS

6 Payee address: City: State: Zip Code

807 BRAZOS Suite 811  
Austin TX 78701

7 Amount (\$)

8223<sup>75</sup>

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

3/4/02

Payee name

U.S. POSTAL SERVICE

Payee address: City: State: Zip Code

6104 Old FROEDRICKSBURG Rd  
Austin TX 78704

Amount (\$)

1020<sup>00</sup>

Purpose of expenditure

POSTAGE

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

3/4/02

Payee name

Rod Otheridge

Payee address: City: State: Zip Code

815-A BRAZOS #161  
Austin TX 78701

Amount (\$)

500<sup>00</sup>

Purpose of expenditure

LABOR

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

3/4/02

Payee name

GRASS ROOTS SOLUTIONS

Payee address: City: State: Zip Code

807 BRAZOS Suite 811  
Austin TX 78701

Amount (\$)

3,363<sup>43</sup>

Purpose of expenditure

MAILINGS

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / 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**

2 FILER NAME  
**IRA J YATES**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**3/3/02**

5 Payee name  
**Rod Etheridge**  
6 Payee address: City: State: Zip Code  
**815-A BRAZOS #161  
Austin TX 78701**

7 Amount (\$)  
**750<sup>00</sup>**

8 Purpose of expenditure  
**Printing**

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

Date  
**3/3/02**

Payee name  
**Johann Botha**  
Payee address: City: State: Zip Code  
**1415 Wheat Bell Lane  
Austin TX 78748**

Amount (\$)  
**225<sup>00</sup>**

Purpose of expenditure  
**Signs**

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

Date  
**3/3/02**

Payee name  
**MARCUS RUTHERFORD**  
Payee address: City: State: Zip Code  
**201-B meadowlark South  
Austin TX 78734**

Amount (\$)  
**180<sup>00</sup>**

Purpose of expenditure  
**Phones**

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

Date  
**3/3/02**

Payee name  
**Austin Business Printing**  
Payee address: City: State: Zip Code  
**404 West Powell Lane #401  
Austin TX 78753**

Amount (\$)  
**2567<sup>00</sup>**

Purpose of expenditure  
**Printing**

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

## POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

7

2 FILER NAME

IRA O YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

3/4/02

GRASS ROOTS Solutions

6 Payee address: City: State: Zip Code

807 BRAZOS Suite 811  
Austin TX 787014,517<sup>18</sup>

8 Purpose of expenditure

Periodical Ads

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/5/02

ERIN Foster

Payee address: City: State: Zip Code

6800 North Madrone Trail  
Austin TX 787371,700<sup>00</sup>

Purpose of expenditure

LABOR

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/7/02

GRASS ROOTS Solutions

Payee address: City: State: Zip Code

807 BRAZOS Suite 811  
Austin TX 787017,823<sup>14</sup>

Purpose of expenditure

MAILERS

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/8/02

MEGAN SCRUGGS

Payee address: City: State: Zip Code

8406 Bear Creek DR  
Austin TX 78737130<sup>00</sup>

Purpose of expenditure

LABOR

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

Candidate / Officeholder name

Office sought / 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

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

3/11/02

TEXAS Vote Environment

6 Payee address; City; State; Zip Code

715 W. 23rd St. Suite R  
Austin TX 78705

863<sup>00</sup>

8 Purpose of expenditure

Phones

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/11/02

Austin Business Printing

Payee address; City; State; Zip Code

404 West Powell Lane #401  
Austin TX 78753

1288<sup>54</sup>

Purpose of expenditure

Printing & Mailing

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/14/02

MARCUS RUTNERFOED

Payee address; City; State; Zip Code

201-B Meadow Lane South  
Austin TX 78734

200<sup>00</sup>

Purpose of expenditure

Labor

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/14/02

TOM LAPPIN

Payee address; City; State; Zip Code

Hwy 620 South  
Austin TX 78734

100<sup>00</sup>

Purpose of expenditure

Vehicle Rental

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

## POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

3/13/02

Southwestern Bell

6 Payee address; City; State; Zip Code

PO Box 4845  
Houston TX 77097-0080

2363

8 Purpose of expenditure

Phone

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/13/02

MARCUS RUTHERFORD

Payee address; City; State; Zip Code

201-B Meadow Lark South  
Austin TX 7873490<sup>00</sup>

Purpose of expenditure

Labor

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/13/02

DANIAL GIBBS

Payee address; City; State; Zip Code

3901 Trout Dr  
Austin TX 78749432<sup>00</sup>

Purpose of expenditure

LABOR TO PICKUP SIGNS  
& PATOUT-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

3/13/02

JOHANN BOTHA

Payee address; City; State; Zip Code

1415 Wheatfall Lane  
Austin TX 78748225<sup>00</sup>

Purpose of expenditure

Signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / 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

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

3/29/02

5 Payee name

BANKONE TX

7 Amount (\$)

12<sup>00</sup>

6 Payee address: City: State: Zip Code

Dallas TX 75201

8 Purpose of expenditure

BANK EXPENSE

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

4/14/02

Payee name

Bill Mc Fenland

Amount (\$)

200<sup>00</sup>

Payee address: City: State: Zip Code

4214 Prickly Pear  
Austin TX 78731

Purpose of expenditure

Signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

4/14/02

Payee name

South Western Bell

Amount (\$)

23<sup>63</sup>

Payee address: City: State: Zip Code

PO Box 4845  
Houston TX 77097-0080

Purpose of expenditure

Phone

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

4/16/02

Payee name

Steinhardt & Co

Amount (\$)

1206<sup>41</sup>

Payee address: City: State: Zip Code

1706 PATTERSON ROAD  
Austin TX 78733

Purpose of expenditure

Computer Services

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held



# POLITICAL EXPENDITURES

# SCHEDULE F

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1 Total pages Schedule F:

7

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

4/16/02

5 Payee name

MARCUS RUTHERFORD

7 Amount (\$)

180<sup>00</sup>

6 Payee address; City; State; Zip Code

201-B Meadow Lake South  
Austin TX 78734

8 Purpose of expenditure

Leban

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

Candidate / Officeholder name

Office sought / held

Date

5/9/02

Payee name

Erin Foster

Amount (\$)

169<sup>41</sup>

Payee address; City; State; Zip Code

8800 North Madrone TRAIL  
Austin TX 78737

Purpose of expenditure

Reimbursement of Office Supplies

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Candidate / Officeholder name

Office sought / 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:

1

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <b>1</b>
2 FILER NAME <b>IRA J YATES</b>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name <b>N/A</b>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address; City; State; Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I/

1

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

N/A

8

Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*IRA J YATES*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

*N/A*

6 Payor address; City; State; Zip Code

8 Amount (\$)

7 Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

Date

Payor name

Payor address; City; State; Zip Code

Amount (\$)

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED