

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5150

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
	Jeff	E.
NICKNAME	LAST	SUFFIX
	Heckler	

OFFICE USE ONLY

Date Received: JUL 5 PM 2:20

Date Hand-delivered or Date Postmarked:

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1212 Guadalupe #206		Austin, TX		78701

Change of Address

Receipt #	Amount
Date Processed	
Date Imaged	

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	Jeff	E.
NICKNAME	LAST	SUFFIX
	Heckler	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
409 W. 13th		Austin, TX		78701

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	472-7029	

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
3	15	02		7	15	02

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
3 / 12 / 02	

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Comm Pct 2

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

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$

7880

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

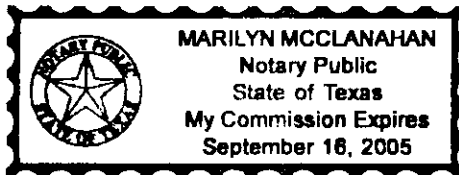
13404.02

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 3 day of July, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath

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>1 of 4</i>	
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers) .	
4 Date <i>3/5</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sonia Santana</i>	7 Amount of contribution (\$) <i>25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2005 Barton Pkwy Austin, TX 78704</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>3/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harold Quinn</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4105 Glenridge Kensington, MD 20895</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thomas Quinn</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>856 Berkshire Grosse Pointe Park, MI 48230</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Kallerman</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2510 Cedarview Austin, TX 78704</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kirk Mitchell</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>306 E. 32nd Austin, TX 78705</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: <i>2 of 4</i>	
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers) .	
4 Date <i>3/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Blanton</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>20905 Rimitz Austin, TX 78645</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chuck Rice</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>909 Garner Austin, TX 78704</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Heckler</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>113 Algonquin Pittsburgh PA 15241</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robb SOUTHERLAND</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2702 Mountain Laurel Lane Austin, TX 78703</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>3/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Baldwin</i>	Amount of contribution (\$) <i>30</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>903 Electra Austin, TX 78734</i>			
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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 of 4

2 FILER NAME

Jeff. Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10

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

Jon Carter

6 Contributor address; City; State; Zip Code

710 E. Highland View Dr.
Boise, ID 83702

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/10

Full name of contributor out-of-state PAC (ID#: _____)

Nancy Mallea

Contributor address; City; State; Zip Code

5613 Burroughs Cove
Austin, TX 78745

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/10

Full name of contributor out-of-state PAC (ID#: _____)

Joe Mink

Contributor address; City; State; Zip Code

11004 Sierra Verde Tr
Austin, TX 78759

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/10

Full name of contributor out-of-state PAC (ID#: _____)

Dick Patton

Contributor address; City; State; Zip Code

address unknown
at this time

Amount of contribution (\$)

100
(CASH)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/19

Full name of contributor out-of-state PAC (ID#: _____)

Wally Williams

Contributor address; City; State; Zip Code

1715 Camp Craft
Austin, TX 78746

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 4

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/19

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

Jean Sherrill

6 Contributor address; City; State; Zip Code

1017 W. 31st
Austin, TX 78705

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/19

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

Dan Casey

Contributor address; City; State; Zip Code

2006 Rogge Lane
Austin, TX 78723

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20

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

Jeff Heckler

Contributor address; City; State; Zip Code

1212 Guadalupe #206
Austin, TX 78701

Amount of contribution (\$)

5000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20

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

Alison Silverstein

Contributor address; City; State; Zip Code

19213 Ludette
Pflugerville, TX 78660

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20

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

Marilyn McClanahan

Contributor address; City; State; Zip Code

10202 Aqua Azul Ct
Austin, TX 78733

Amount of contribution (\$)

50

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 GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>1 of 8</i>
2 FILER NAME <i>Jeff Heckler</i>		3 ACCOUNT # (Ethics Commission filers) .
4 Date <i>3/10</i>	5 Payee name <i>David Crow</i>	7 Amount (\$) <i>730</i>
6 Payee address; City; State; Zip Code <i>3503 Harmon #105 Austin, TX 78705</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Coordinator</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/10</i>	Payee name <i>David Terrell</i>	Amount (\$) <i>211.46</i>
Payee address; City; State; Zip Code <i>2600 Howellwood Austin, TX 78748</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Perm. for Expenses</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/10</i>	Payee name <i>Andy Barton</i>	Amount (\$) <i>1800</i>
Payee address; City; State; Zip Code <i>4406 Medical Parkway Austin, TX 787</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Cont</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3/10</i>	Payee name <i>David Terrell</i>	Amount (\$) <i>100</i>
Payee address; City; State; Zip Code <i>Same as above</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Perm. for Expenses</i>		-- 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 2

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10

5 Payee name

Tyson

7 Amount (\$)

729.54

6 Payee address; City; State; Zip Code

1000 Macon, Suite 300
Fort Worth, TX

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

Phone Operator

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

Date

3/11

Payee name

Tyson

Amount (\$)

585.20

Payee address; City; State; Zip Code

Same as above

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

Phone Operator

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

Date

3/11

Payee name

Effie Lloyd

Amount (\$)

30

Payee address; City; State; Zip Code

unknown at this time

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

3/11

Payee name

Misty Lizareaga

Amount (\$)

300

Payee address; City; State; Zip Code

8608 Corder
Austin, TX 78748

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

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 8

2 FILER NAME

Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/10

5 Payee name

Linda Esproza

6 Payee address; City; State; Zip Code

*4527 Turnstone
Austin, TX 78744*

7 Amount (\$)

15

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

Phoning

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

Date

3/11

Payee name

David Terrell

Payee address; City; State; Zip Code

Same as Above

Amount (\$)

290

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

Campaign Manager

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

Date

3/11

Payee name

Anu Visharamitra

Payee address; City; State; Zip Code

unknown at this time

Amount (\$)

183

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

Phoning

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

Date

3/11

Payee name

April Palmer

Payee address; City; State; Zip Code

*9801 W. Parmer
Austin, TX 78717*

Amount (\$)

15

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

Phoning

-- 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:
4 of 8

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

4 Date <i>3/11</i>	5 Payee name <i>Ann Farbman</i>	7 Amount (\$) <i>40</i>
	6 Payee address; City; State; Zip Code <i>310 Siskind Austin, TX 78745</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>Phoning</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>3/11</i>	Payee name <i>US Postmaster</i>	Amount (\$) <i>272</i>
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <i>Mail/ Stamps</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <i>3/11</i>	Payee name <i>Rick Blakely</i>	Amount (\$) <i>357.50</i>
	Payee address; City; State; Zip Code <i>488 Kelley Bastrop, TX 78602</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Phoning</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>3/15</i>	Payee name <i>DAVID TERRELL</i>	Amount (\$) <i>14.50</i>
	Payee address; City; State; Zip Code <i>Same as above</i>	

Purpose of payment (See instructions regarding type of information required.) <i>Room for table reserv.</i>	9 ** 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: <i>5 of 5</i>
2 FILER NAME <i>Jeff Heckle</i>		3 ACCOUNT # (Ethics Commission filers) <i>.</i>
4 Date <i>3/15</i>	5 Payee name <i>David Terrell</i> 6 Payee address; City; State; Zip Code <i>Same as above</i>	7 Amount (\$) <i>100</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Perm. for Texans Campaign for the Environment</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/15</i>	Payee name <i>Tyson</i> Payee address; City; State; Zip Code <i>Same as above</i>	Amount (\$) <i>444.60</i>
Purpose of payment (See instructions regarding type of information required.) <i>Phone Operator</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3/15</i>	Payee name <i>Mike Lewis</i> Payee address; City; State; Zip Code <i>2000 Howellwood Austin, TX 78748</i>	Amount (\$) <i>110</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
Date <i>3/15</i>	Payee name <i>Judy Okimura</i> Payee address; City; State; Zip Code <i>1212 Guadalupe #206 Austin, TX 78701</i>	Amount (\$) <i>97.17</i>
Purpose of payment (See instructions regarding type of information required.) <i>Perm. for States</i>		** 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:
6 of 8

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

4 Date <i>3/15</i>	5 Payee name <i>Ann Farbman</i>	7 Amount (\$) <i>80</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>Phoning</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <i>3/15</i>	Payee name <i>Anu Visharmita</i>	Amount (\$) <i>27.50</i>
Payee address; City; State; Zip Code <i>Same as above</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
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Date <i>3/15</i>	Payee name <i>Bonnie Crmino</i>	Amount (\$) <i>40</i>
Payee address; City; State; Zip Code <i>1503 Windsor Austin, 78644</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
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Date <i>3/15</i>	Payee name <i>Misty Lazarus</i>	Amount (\$) <i>35</i>
Payee address; City; State; Zip Code		

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
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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:
7 of 8

2 FILER NAME
Jeff Heckler

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/15

5 Payee name
Rick Blakely
6 Payee address; City; State; Zip Code
Same as above

7 Amount (\$)
102.50

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

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

Date
3/20

Payee name
Grassroots Solutions
Payee address; City; State; Zip Code
807 Brazos, #811
Austin, TX 78701

Amount (\$)
6,819.05

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

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

Date
4/18

Payee name
SOS Alliance
Payee address; City; State; Zip Code
814 San Jacinto #201
Austin, TX 78701

Amount (\$)
35

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

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

Date
9/22

Payee name
Grassroots Solutions
Payee address; City; State; Zip Code
Same as above

Amount (\$)
500

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

-- 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:
8 of 8

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

4 Date <i>4/22</i>	5 Payee name <i>Bonnie Comino</i> 6 Payee address; City; State; Zip Code <i>Same as above</i>	7 Amount (\$) <i>40</i>
------------------------------	--	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <i>Phone</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>4/30</i>	Payee name <i>David Terrell</i> Payee address; City; State; Zip Code <i>Same as above</i>	Amount (\$) <i>100</i>
---------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>Sign Pickup</i>	-- 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