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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5187

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: 41

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Micheal (Mike) MI: S.
NICKNAME: Mike LAST: Hanson SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
9903 Capital View Drive
Austin, TX 78747

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. FIRST: Melissa MI: K.
NICKNAME: LAST: Hanson SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9903 Capital View Drive
Austin, TX 78747

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 656-0523 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: 06 / 30 / 02

10 ELECTION

ELECTION DATE Month Day Year: 11 / 05 / 02

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Travis Cty Commissioner, Pct. 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG. 2

14 C/OH NAME: Mike Hanson for City Commissioner

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
- [X] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME: Mike Hanson for City Commission

COMMITTEE ADDRESS: 9903 Capital View Dr. Austin, TX 78717

COMMITTEE CAMPAIGN TREASURER NAME: Melissa Hanson

COMMITTEE CAMPAIGN TREASURER ADDRESS: 9903 Capital View Drive Austin, TX 78717

[ ] 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)	$ 6,705.52
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 16,493.71
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	-$ 9,588.11

19 AFFIDAVIT

ARMANDO R. MARTINEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES JULY 8, 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.

Mike Hanson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Hanson, this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

Armando R. Martinez — Armando R Martinez — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: $ 255.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Lou Holder 19355 FM 963 Lampass, TX 76550	30.00	
10 Principal occupation (optional): Citizen	11 Employer (optional)		
	Don Loucks Bastrop, TX 78602-1776	50.00	
Principal occupation (optional): Bastrop City Commissioner	Employer (optional)		
	Joan Richardson, M.D. 514 16th Street Galveston, TX 77550	25.00	
Principal occupation (optional): Doctor	Employer (optional)		
	Daryl Spencer 2405 13th St, Apt. 421 Temple, TX 76504	100.00	
Principal occupation (optional): Volunteer	Employer (optional)		
	E. Duff Trimble 2030 Kipling Houston, TX 77098	50.00	
Principal occupation (optional): Businessman	Employer (optional)		

Date | Full name of pledgor ☐ out-of-state PAC (ID#:) | Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 981,00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Viking Fence Co., Inc. 9602 Gray Blvd, Austin, TX 78758	200,00	
10 Principal occupation (optional): Business	11 Employer (optional)		
Date: May 2002	Full name of pledgor: JoAnna Clardy Pledgor address; City; State; Zip Code: 6723 Beaufort Drive Austin, TX 78750	Amount of pledge ($): 200,00	In-kind description (if applicable)
Principal occupation (optional): Citizen	Employer (optional)		
Date: April 2002	Full name of pledgor: Abby Newman Pledgor address; City; State; Zip Code: 885 Griffith Hill Rd Ferrum, VA 24088	Amount of pledge ($): 50,00	In-kind description (if applicable)
Principal occupation (optional): Volunteer	Employer (optional)		
Date	Full name of pledgor: David Jones Pledgor address; City; State; Zip Code: 3001 So. Lamar #100 Austin, TX 78704	Amount of pledge ($): 400,00	In-kind description (if applicable)
Principal occupation (optional): Doctor	Employer (optional)		
Date	Full name of pledgor: Car wash Income Pledgor address; City; State; Zip Code	Amount of pledge ($): 131,00	In-kind description (if applicable): Fundraiser
Principal occupation (optional): Fundraiser	Employer (optional)		

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 375.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Stephen D. Collins 2107-B Anna Austin, TX 78704	20.00	

10 Principal occupation (optional)	11 Employer (optional)
Citizen	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-7-02	George Auto Equipment Austin, TX	200.00	

Principal occupation (optional)	Employer (optional)
Business	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
May 2002	Gaylon Ross 24505 Old Ferry Rd Spicewood, TX 78669	100.00	

Principal occupation (optional)	Employer (optional)
Writer	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
May 2002	Annie Hudson 4902 Rollingwood Drive Austin, TX 78746	50.00	

Principal occupation (optional)	Employer (optional)
Volunteer	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Michael S. Beatty 504 Blue Valley Austin, TX 78748	25.00	

Principal occupation (optional)	Employer (optional)
Citizen	

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 599.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
May 2002	Raffle for Campaign	169.00	Fundraiser

10 Principal occupation (optional): Fundraiser

11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Harosio Partida 900-A Milford Way Austin, TX 78745	10.00	

Principal occupation (optional): Citizen

Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Ron Dodge 523 Levert Drive Thibodaux, LA 70301	100.00	

Principal occupation (optional): Citizen

Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Jeff Karstoff 10430 Morado Circle #2034 Austin, TX 78759	20.00	

Principal occupation (optional): Citizen

Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	River City Collision So. Lamar Blvd. Austin, TX	Est. 300.00	Gift

Principal occupation (optional): Gift

Employer (optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 1,055.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Larry Stafford 3109 So. Lamar Blvd. Austin, TX 78704	100.00	

10 Principal occupation (optional): Citizen

11 Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	CAR Wash Donations Austin, TX	330.00	Fundraiser

Principal occupation (optional):

Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Capitol City 7900 So. Congress Ave. Austin, TX 78745	500.00	

Principal occupation (optional): Business

Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
May 2002	Joan M. Callanan 2519 Williams Rd. Plant City, FL	100.00	

Principal occupation (optional): Citizen

Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Eric Rainbolt	25.00	Dinner

Principal occupation (optional): Citizen

Employer (optional):

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Inelissa Hanson

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 600.00

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
16 March 2002	Lisa Smith 1902 Di Nueces Austin, TX 78705	200.00	

10 Principal occupation (optional): Citizen

11 Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Donation P.O. Box 385 Crete, Illinois	100.00	

Principal occupation (optional): Citizen

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Patricia Gattis 305 Lisa Drive Austin, TX 78733	100.00	Car wash

Principal occupation (optional): Citizen

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Joy Hanson 504 Sunrise Circle Austin, TX 78747	100.00	

Principal occupation (optional): Citizen

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
13 May 2002	Donation 5800 Colton Rd Austin, TX 78719	100.00	

Principal occupation (optional): Citizen

Employer (optional):

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $3,020.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Ewin Lewis P.O. Box 19061 Austin, TX 78760	100.00	

10 Principal occupation (optional): Citizen
11 Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Criss Helms (Southside Bar B-Q) 501 1st Street Austin, TX	550.00	Gift, Fundraiser

Principal occupation (optional): Businessman
Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Tommy Domus	50.00	

Principal occupation (optional): Citizen
Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	501 Side Bar B-Q 501 1st Street Austin, TX	2,020	Fundraiser Profit

Principal occupation (optional): Business
Employer (optional):

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
	Mt. View Homes P.O. Box 19061 Austin, TX 78760	300.00	

Principal occupation (optional): Business
Employer (optional):

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 30.00

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	Mr. Reeves Austin TX	30.00	

10 Principal occupation (optional)	11 Employer (optional)
Citizen	

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

Principal occupation (optional)	Employer (optional)

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

Principal occupation (optional)	Employer (optional)

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

Principal occupation (optional)	Employer (optional)

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

Principal occupation (optional)	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 FILER NAME Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
June 2002	Richard Reeves	29.00

8 Purpose of payment (See instructions regarding type of information required.): Gas / Food

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 ($)
June 2002	Mr. Waits	80.00

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

•• 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 ($)
May 2002	Mt. View Homes Austin, TX 78760	200.00

Purpose of payment (See instructions regarding type of information required.): Phone Paid Book

•• 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 ($)
Feb. 5, 2002	7-11 Store Austin, TX	10.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-29-02	U-Totem	32.25

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

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 ($)
	Betty Collell	16.25

Purpose of payment (See instructions regarding type of information required.): Express mail mailout

•• 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 ($)
3-30-02	Southwestern Gas	18.17

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

•• 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 ($)
	Eagle Speaker Report	50.00

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

•• 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
April & May 2002	Mike Hansen Austin, TX	Est. 600.00

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
Editing 60 hrs, Sept AC AC Show	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
April 2002	AT&T wireless	279.18

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
Cell usage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-19-02	7-11 Store Austin, TX	20.00

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
Gas	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-12-02	7-11 Store Austin, TX	26.89

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
Gas	

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 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-7-02	Quiz Austin, TX	11.29

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

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 ($)
3-6-02	Golden Corral Austin, TX	15.33

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

•• 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 ($)
3-17-02	Exxon	15.67

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

•• 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 ($)
3-21-02	7-11 Store Austin, TX	20.00

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

•• 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:

2 FILER NAME Melissa Hansom

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Kinko's	6.47

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

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 ($)
	Judy Vicent	16.25

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

•• 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 ($)
	General Printing	42.09

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

•• 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 ($)
6-2-02	Radio Shack	7.97

Purpose of payment (See instructions regarding type of information required.) Dual Wall Phone Jack

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-18-02	Kinko's Austin, TX	22.50

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

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 ($)
6-2-02	Phone office	70.33

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 ($)
	Phone SW Bell	80.77

Purpose of payment (See instructions regarding type of information required.): office part of Bill

•• 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 ($)
6-25-02	Drinks for Volunteers Austin, TX	2.94

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

•• 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-25-02	Texaicon Cafe Austin, TX	25.87

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

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 ($)
	Cebon Sign Supplies	5.34

Purpose of payment (See instructions regarding type of information required.): 2x4's

•• 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 ($)
5-7-02	Exxon Austin, TX	10.00

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

•• 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 ($)
6-25-02	Office Max	29.98

Purpose of payment (See instructions regarding type of information required.): Cash box for Fundraiser

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

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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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Voters Report	24.18

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-17-02	Exxon Austin TX	15.74

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

Gas

•• 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 ($)
May 2002	Home Depot	18.36

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

Signs material 2x4x8

•• 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 ($)
3-2-02	Fiesta Mart	47.58

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

Beverages / Ice

•• 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:

2 FILER NAME: MELISSA HANSEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-5-02	Courthouse Parking Austin, TX	5.00

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

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 ($)
	7-11 Store Austin, TX	12.14

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

•• 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 ($)
3-29-02	7-11 Store Austin, TX	31.07

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

•• 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 ($)
3-29-02	Ron Dodge	24.85

Purpose of payment (See instructions regarding type of information required.): Express mail [illegible]

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-29-02	Mailbox Postal Svcs.	40¢

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

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 ($)
3-29-02	General Printing Dall.	303.72

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

•• 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 ($)
3-29-02	Express Mail / Joan Callaway Austin, TX	34.15

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

•• 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 ($)
	T.V. Topes	210.00

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

•• 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:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-10-02	Exxon	~~5-10-02~~ MAA 15.79

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

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 ($)
4-16-02	Producer TID	55 00

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

•• 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 ($)
April 2002	SWB Bell	270.48

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

•• 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 ($)
4-14-02	Target	165.71

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-1-02	Express Mail	24.85

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

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 ($)
	Post Office	283.75

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

•• 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 ($)
4-22-02	Charlies & Ann EXXOR Austin TX	20.00

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

•• 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 ($)
3-6-02	Jeff Davis Report	20.00

Purpose of payment (See instructions regarding type of information required.): Dana DeBeauvoir City Clerk Travis Cty

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
May 2002	Moon Walkers	170.00

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

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 ($)
May 2002	Port a Potty	85.00

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

•• 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 ($)
5-10-02	AT & T wireless	300.00

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

•• 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 ($)
5-22-02	Raffle Items	60.00

Purpose of payment (See instructions regarding type of information required.): 4 Tapes, 2 T-Shirts

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Video Tape	1.00

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

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 ($)
5-23-02	Texaco	10.00

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

•• 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 ($)
May 2002	Friendly Mart	20.00

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

•• 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 ($)
May 2002	Food Mart	13.18

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Block Buster	17.27

8 Purpose of payment (See instructions regarding type of information required.)
Rental Tape for office

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 ($)
6-12-02	Vision Effects	760.38

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

•• 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 ($)
6-12-02	Vision Effects	2,677.99

Purpose of payment (See instructions regarding type of information required.)
100 X 4x8 signs

•• 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 ($)
6-12-02	Vision Effects	35.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-25-02	Kinkos	3.90

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

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 ($)
5-25-02	Bar B-Q Clothes	62.67

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 ($)
5-21-02	Walgreens	21.63

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

•• 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 ($)
5-26-02	Wheatsville	13.21

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Steve Balka 1951 Mike Hanson truck for commissioner	45.00

8 Purpose of payment (See instructions regarding type of information required.): Remodeled w/ 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 ($)
5-31-02	General Printing, Inc.	42.72

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

•• 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 ($)
6-30-02	Texas	15.00

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

•• 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 ($)
6-30-02	7-11 Store	10.00

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

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-27-02	U-Totem	16.98

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

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 ($)
May 2002	Rental Paul	82.42

Purpose of payment (See instructions regarding type of information required.): Show Cone machine

•• 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 ($)
6-12-02	Every Daly Star	10.00

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

•• 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 ($)
5-27-02	C-mart	20.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-21-02	7-11 Store	30.00

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

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 ($)
5-15-02	Nation's Rent	28.43

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

•• 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	7-11 Store	20.80

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

•• 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 ($)
June 2002	Plore Work Office 3 times	300.00

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

•• 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:

2 FILER NAME
melissA Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-19-02	Juneteenth Parade	117.00

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

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 ($)
5-15-02	B Lee Lewis	225.00

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

•• 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 ($)
6-10-02	Prince GW Store	15.00

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

•• 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 ($)
6-19-02	H E B	16.18

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

•• 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:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-18-02	Home Depot	43.59

8 Purpose of payment (See instructions regarding type of information required.)
Warehouse 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 ($)
	Tarp Shade	EST. 105.00 Gift

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 ($)
	Parking Lot Lights	EST. 100.00

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 ($)
	Rasell Mach.	gift 25.00

Purpose of payment (See instructions regarding type of information required.)
Hook up Lights & power

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

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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 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	4x8 Signs	2,677.59

8 Purpose of payment (See instructions regarding type of information required.)
Road 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 ($)
	Juneteenth Parade	80.00

Purpose of payment (See instructions regarding type of information required.)
6 Cars/Trucks in Parade

•• 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 ($)
	Citizens Rule Book	65.00

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 ($)
	12th & Lamar Stolen Signs	150.00

Purpose of payment (See instructions regarding type of information required.)
Lost Due to theft

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

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POLITICAL EXPENDITURES

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Scott Stampson	38.88

8 Purpose of payment (See instructions regarding type of information required.)
cell phone for Guard

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 ($)
June 2002	Towing Charges	85.00

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

•• 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 ($)
	Guard Food / McDonald's	3.89

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

•• 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 ($)
	Larry Miller (Lowes)	52.00

Purpose of payment (See instructions regarding type of information required.)
wire for Fire Cracker stand

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
June 2002	Vol. Drinks for campaign	5.91

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
June 2002	Ice / Water	EST. 105.00

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

•• 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 ($)
	Repair Cable	55.00

Purpose of payment (See instructions regarding type of information required.): Fundraiser mobile office

•• 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 ($)
6-22-02	O'Reilly Auto Parts	153.20

Purpose of payment (See instructions regarding type of information required.): Battery for R.V.

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Radio Shack	7.56

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

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 ($)
	ELROY CTRY Store	20.80

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

•• 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 ($)
6-22-02	Gas	21.17

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 ($)
6-23-02	Pronto Wrecker SCUS	182.50

Purpose of payment (See instructions regarding type of information required.)
RV towing to Fundraising Site

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

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SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-23-02	Reilly Auto Parts	91.60

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

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 ($)
6-23-02	Lowes	51.90

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

•• 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 ($)
6-22-02	HEB	42.80

Purpose of payment (See instructions regarding type of information required.) Fundraiser food for Board

•• 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 ($)
6-6-02	Express Mail	180.98

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Mike Hanson for Cty Commissioner Mobil office RV motor Home	8000

8 Purpose of payment (See instructions regarding type of information required.)
1

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 ($)
April 2002 — NOV 2002	Jore Butler	EST. 1500.00 Gift

Purpose of payment (See instructions regarding type of information required.)
RV for Campaign use for 5 months

•• 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 ($)
	EXXON	1.83

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

•• 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 ($)
6-23-02	Drinks	1.99

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
June 2002	Alex Jones	62.80

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

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 ($)
May 2002	Change Fundraiser	150.00

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 ($)
	Printing	250.00

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 ($)
May 2002	Bottle water	25.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
May 2002	Beer Fundraiser	400.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
May 2002	Bond Fundraiser	150.00

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 ($)
May 2002	Chris Helms	550.00

Purpose of payment (See instructions regarding type of information required.): BaBQ Pay Back

•• 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 ($)
May 2002	Table & Chair Rental	50.00

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

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

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
March 2002	Internet site Chris artis	150.00

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
Mike Hanson Jr City Commissioner			

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

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

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