

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5198

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
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	1402 San Antonio, Ste. 102 Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Robert G. Hunts

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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 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	\$
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>39,811.08</u>
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EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,961.07</u>
---------------------------------	--------------------

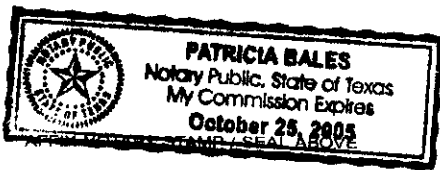
OUTSTANDING LOAN TOTALS

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 16, Election Code.

Robert G. Hunts
Signature of Candidate or Officeholder



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

Patricia Bales Patricia Bales
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:

2 FILER NAME

ROBERT G. HONTS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/6/02

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

Eric Groden

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

111 Congress, Ste. 2300
Austin, TX 78701

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/7/02

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

B.J. McCombs

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box B4003
San Antonio, TX 78201

Principal occupation (Optional)

Employer (Optional)

Date

3/4/02

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

Susan Arnold

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

330 Sailmaster St.
Austin, TX 78734

Principal occupation (Optional)

Employer (Optional)

Date

3/8/02

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

Brodie L. Beard

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3711 Capistrano Tr.
Austin, TX 78739

Principal occupation (Optional)

Employer (Optional)

Date

4/23/02

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

James Stiles

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

21 Postwood, Austin, TX
78738

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:	
2 FILER NAME ROBERT G. HONTS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/2/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JN (Nick) NAILS, III 6 Contributor address; City; State; Zip Code 11015 LAKESIDE FOREST HOUSTON, TX 77042	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/13/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY GATLIN Contributor address; City; State; Zip Code PO BOX 92945 AUSTIN, TX 78709	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/15/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rowland Greenwade Contributor address; City; State; Zip Code 4603 MERION CRICKET DR. AUSTIN, TX 78747	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/13/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephen & Vickie Wagh Contributor address; City; State; Zip Code 3500 UPPER RIVERCREST DR. AUSTIN, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/14/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob & Ann Guthrie Contributor address; City; State; Zip Code PO BOX 162 BRIGGS, TX 78608	Amount of contribution (\$) \$500.00	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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 5/14/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Otto 6 Contributor address; City; State; Zip Code 4816 Twin Valley Dr. Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R & D Investments Contributor address; City; State; Zip Code 1201 W. 24th, Ste 200 Austin, TX 78705	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Saxon Fox Contributor address; City; State; Zip Code PO Box 5277 Austin, TX 78763	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Lewis Contributor address; City; State; Zip Code 1717 W. 6th, #390 Austin, TX 78701	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 5/17/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texas Capital Area Builders Assoc. Home PAC - Personal Contributor address; City; State; Zip Code 7952 Anderson Square Austin, TX	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Robert G. Honts		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/22/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Perry	7 Amount of contribution (\$) \$1,500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4606 Caswell Ave. Austin, TX			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry & Gail Fults	Amount of contribution (\$) \$2,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3983 River Place Blvd Austin, TX 78730			
Principal occupation (Optional)		Employer (Optional)	
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE Murfee	Amount of contribution (\$) \$2,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 S. Capital of Texas Hwy Bldg. D110, Austin, TX 78746			
Principal occupation (Optional)		Employer (Optional)	
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Malish	Amount of contribution (\$) \$2,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2600 Harris Blvd. Austin, TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 6/10/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Daywood	Amount of contribution (\$) \$260.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Sabine #200 Austin, TX 78701			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Robert G. Honts		3 ACCOUNT # (Ethics Commission files)	
4 Date 6/10/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Teeple	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 24732 Travis Lakewood Cv. Spicewood, TX 78669			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/14/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacqui Von Honts	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 13023 San Antonio, TX 78213			
Principal occupation (Optional)		Employer (Optional)	
Date 6/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Seth Smith	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 606 W. Lynn #17 Austin, TX 78703			
Principal occupation (Optional)		Employer (Optional)	
Date 6/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Howard Hickman	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1605-B Southgate Austin, TX			
Principal occupation (Optional)		Employer (Optional)	
Date 6/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Denise Rhodes	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3705 Liberty Austin, TX 78705			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/28/02

DUGGAN Flanakin

6 Contributor address; City; State; Zip Code

1006-A Romeria
Austin, TX 78757

\$50.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/02

John M. Wallace

Contributor address; City; State; Zip Code

804 W. 17th
Austin, TX 78701

\$100.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/28/02

H.L. Aven

Contributor address; City; State; Zip Code

1902 Wood Glen Dr.
Round Rock, TX 78681

\$100.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/02

Michael & Jennifer Whorton

Contributor address; City; State; Zip Code

6114 Sierra Leon
Austin, TX 78759

\$250.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/02

Odeen Hibbs

Contributor address; City; State; Zip Code

PO Box 14332
Austin, TX 78761

\$250.00

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME Robert G. Honts		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/27/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Timken	7 Amount of contribution (\$) \$101.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2313 Giddens Cedar Park, TX 78613			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Elmer	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1105 S. Gabriel Leander, TX 78641			
Principal occupation (Optional)		Employer (Optional)	
Date 6/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Mitchell	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2600 Spanish Oaks Tr. Round Rock, TX 78681			
Principal occupation (Optional)		Employer (Optional)	
Date 6/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray McEachern	Amount of contribution (\$) \$300.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7606 Trustling Way Austin, TX			
Principal occupation (Optional)		Employer (Optional)	
Date 6/26/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kit Griffin	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME: Robert G. Honts		3 ACCOUNT # (Ethics Commission filers):	
4 Date: 6/28/02	5 Full name of contributor: Paul Raddle 6 Contributor address; City; State; Zip Code: 1500 E. Riverside #810 Austin, TX 78741	7 Amount of contribution (\$): \$50.00	8 In-kind contribution description (if applicable):
9 Principal occupation (Optional):		10 Employer (Optional):	
Date: 6/26/02	Full name of contributor: Bill Kaman Contributor address; City; State; Zip Code: 600 Carolyn Drive Round Rock, TX 78664	Amount of contribution (\$): \$100.00	In-kind contribution description (if applicable):
Principal occupation (Optional):		Employer (Optional):	
Date: 6/27/02	Full name of contributor: Dan N. Matheson Contributor address; City; State; Zip Code: 2901 Navidad Core Austin, TX 78735	Amount of contribution (\$): \$100.00	In-kind contribution description (if applicable):
Principal occupation (Optional):		Employer (Optional):	
Date: 6/28/02	Full name of contributor: Wayne Thorburn Contributor address; City; State; Zip Code: 8117 Wildridge Dr. Austin, TX 78759	Amount of contribution (\$): \$50.00	In-kind contribution description (if applicable):
Principal occupation (Optional):		Employer (Optional):	
Date: 5/14/02	Full name of contributor: Russell Parker Contributor address; City; State; Zip Code: 8106 Chalk Knoll Rd. Austin, TX	Amount of contribution (\$): \$5,000.00	In-kind contribution description (if applicable): HOSTING Political Rally at Residence
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:

2 FILER NAME **ROBERT G. HONTS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/27/02

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**7606 TRUSTLING WAY
AUSTIN, TX**

\$350⁰⁰

**HOSTING
FUNDRAISING
EVENT**

9 Principal occupation (Optional)

10 Employer (Optional)

Date
6/30/02

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT G. HONTS

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1402 San Antonio #102
San Antonio, TX**

\$500⁰⁰

**Campaign
Office,
Admin &
Entertainment**

Principal occupation (Optional)

Employer (Optional)

Date
6/30/02

Full name of contributor out-of-state PAC (ID#: _____)
JOHN J. MIKE MCKEATY

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4200 Park Hollow Court
Austin, TX 78746**

\$1,000⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date
6/10/02

Full name of contributor out-of-state PAC (ID#: _____)
T.B. HUDSON, JR.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**43 Sundown PKY.
Austin, TX 78746**

\$350⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date
6/30/02

Full name of contributor out-of-state PAC (ID#: _____)
Wm. Terry Bray

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**515 Congress Ste. 2300
Austin, TX 78767**

\$100⁰⁰

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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1 Total pages this Schedule A1:

2 FILER NAME

Robert G. Herms

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/02

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

Mary + Ralph Reed

6 Contributor address; City; State; Zip Code

*160 Post Oak Rd.
Driftwood, TX 78619*

7 Amount of contribution (\$)

\$3000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/30/02

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

Joog Wheeler

Contributor address; City; State; Zip Code

*2901 Spicewood Springs
Austin, TX 78759*

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/26/02

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

Elizabeth Woodland

Contributor address; City; State; Zip Code

*16519 Mahlow Ln.
Manor, TX 78653*

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/30/02

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

Tom Kam

Contributor address; City; State; Zip Code

*7621 Spicewood Springs Rd.
Austin, TX 78759*

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/30/02

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

Joe Reed

Contributor address; City; State; Zip Code

*2209 Shoal Creek Blvd.
Austin, TX 78705*

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Robert G. Hents</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/29/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ray McEachern</i>	7 Amount of contribution (\$) <i>\$300⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7606 Kuotlens Rd. Austin, TX 78731</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>6/29/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Hartman</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1135 Barton Hills Dr., Apt 308 Austin, TX 78704</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>6/28/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Woody</i>	Amount of contribution (\$) <i>\$2,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 E. 6th Street Austin, TX 78701</i>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B1

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

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages this Schedule B1:</p>
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<p>2 FILER NAME</p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>
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<p>4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒</p>	<p>\$</p>
--	-----------

<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>7 Pledgor address; City; State; Zip Code</p>	<p>8 Amount of pledge (\$)</p>	<p>9 In-kind description (if applicable)</p>
----------------------	---	---------------------------------------	---

<p>10 Principal occupation (optional)</p>	<p>11 Employer (optional)</p>
--	--------------------------------------

<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>	<p>Amount of pledge (\$)</p>	<p>In-kind description (if applicable)</p>
-------------	---	------------------------------	--

<p>Principal occupation (optional)</p>	<p>Employer (optional)</p>
--	----------------------------

<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>	<p>Amount of pledge (\$)</p>	<p>In-kind description (if applicable)</p>
-------------	---	------------------------------	--

<p>Principal occupation (optional)</p>	<p>Employer (optional)</p>
--	----------------------------

<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>	<p>Amount of pledge (\$)</p>	<p>In-kind description (if applicable)</p>
-------------	---	------------------------------	--

<p>Principal occupation (optional)</p>	<p>Employer (optional)</p>
--	----------------------------

<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>	<p>Amount of pledge (\$)</p>	<p>In-kind description (if applicable)</p>
-------------	---	------------------------------	--

<p>Principal occupation (optional)</p>	<p>Employer (optional)</p>
--	----------------------------

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code		16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **ROBERT G. HONTS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 6/30/02	5 Payee name Bob Honts Properties, Inc.	7 Amount (\$) \$3,461.07
6 Payee address; City; State; Zip Code 1402 San Antonio, #102 Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FOR BANNER SIGNS payment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 6/30/02	Payee name BOB HONTS PROPERTIES, INC.	Amount (\$) \$500.00
Payee address; City; State; Zip Code 1402 San Antonio, #102 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FOR SUPPLIES, OFFICE & ADMIN EXPENSES	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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	Amount (\$)
Payee address; City; State; Zip Code		

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
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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 **ROBERT G. HONTS**

3 ACCOUNT # (Ethics Commission filers)

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

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

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

Business name

Amount
(\$)

Business address; City; State; Zip Code

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

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	
	Reason for credit	

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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 files)

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.

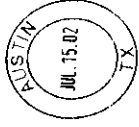
Signature of Officeholder

Bob Hand
1402 San Antonio St #102
Austin, TX 78701

CERTIFIED MAIL



7000 1670 0013 4365 9002



FR

Texas County Clerk
Electron Division
1000 Guadalupe # 202
Austin, TX 78701