

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5209

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report: 1/2																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:35%;">FIRST</td> <td style="width:10%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Thomas</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Allen</td> <td></td> </tr> </table>	TITLE	FIRST	MI	Mr.	Thomas		NICKNAME	LAST	SUFFIX		Allen		OFFICE USE ONLY Date Received: JUL 1 AM 11:50 Date Hand-Delivered or Day Postmarked: 7/1 Receipt # Amount Date Processed Date Imaged										
TITLE	FIRST	MI																						
Mr.	Thomas																							
NICKNAME	LAST	SUFFIX																						
	Allen																							
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:35%;">ZIP CODE</td> </tr> <tr> <td>1314 Cullen Ave</td> <td></td> <td>Austin</td> <td>TX</td> <td>78757</td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1314 Cullen Ave		Austin	TX	78757													
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td>1314 Cullen Ave</td> <td></td> <td>Austin</td> <td>TX</td> <td>78757</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1314 Cullen Ave		Austin	TX	78757											
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9 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>01/01/2002</td> <td></td> <td></td> <td></td> <td>06/30/2002</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year										01/01/2002				06/30/2002
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11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <i>County Commissioner - Precinct 2</i>																						
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;">Name</td> </tr> <tr> <td> </td> </tr> <tr> <td>Address/PO Box, Apt. / Suite #: City, State, Zip Code</td> </tr> <tr> <td> </td> </tr> </table>			Name		Address/PO Box, Apt. / Suite #: City, State, Zip Code																		
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr. Thomas Allen	15 ACCOUNT # (Ethics Commission filers) 00000000
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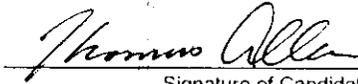
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

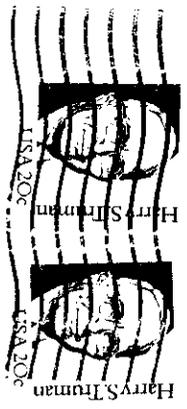
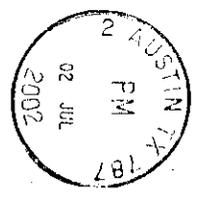
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Thomas Allen
1314 Cullen Ave
Austin, TX 78757

Elections Division
Travis County Clerk
PO Box 1748
Austin, TX 78767



78767/1748

