

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5215

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission files)

2 Total pages filed

21

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
Margaret M.  
NICKNAME LAST SUFFIX  
MOORE

**OFFICE USE ONLY**

Date Received  
02 OCT -7 PM 1:39

Date Hand delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
616 Rocky Ledge Rd.  
Austin, TEXAS 78746

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
Carlton R.  
NICKNAME LAST SUFFIX  
Williams JR.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
1508 Wooldridge Dr.  
Austin, TX 78703

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 474-8480

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
7 / 01 / 2002 THROUGH 11 / 05 / 2002

10 ELECTION

ELECTION DATE: Month Day Year  
11 / 05 / 2002

ELECTION TYPE:  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

Travis Co. Commissioner, Pct. 3

12 OFFICE SOUGHT (if known)

Travis Co. Commissioner, Pct. 3

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

**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: **15**

2 FILER NAME **Margaret M. Moore** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>7-1-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Gene Attal</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1201 Constant Springs Austin, TX 78746</b>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Turner, Collie + Braden PAC</b>	Amount of contribution (\$) <b>1000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 130089 Houston, TX 77219</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Joseph A. Turner</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11217 Fitzhugh Rd. Austin, TX 78736</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Bruce Todd + Elizabeth Christian</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7620 Rockpoint Dr. Austin, TX 78731</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Political Action Committee of Winstead Sechrest + Minick, P.C.</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5400 Renaissance Tower 1201 ELM St. DALLAS, TX 75270</b>			

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**  
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1 Total pages this Schedule A1: **15**

2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7-4-02</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>GARY + Susan Farmer</b>	7 Amount of contribution (\$) <b>1000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>309 LAKE Cliff Trail Austin, TX 78746</b>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Graves, Dougherty, Hearon + Moody, P.C.</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 98 Austin, TX 78767</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-1-02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>John B. + Jill S. McFarland</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2407 McCullough Austin, TX 78703</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-11-02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>James M. Steed</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9508 Jollyville Rd. Austin, TX 78759</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>7-11-02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Mather K. + Ellen Graff Wattrip</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11 Brewin Ct. San Ramon, CA 94583-4789</b>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
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1 Total pages this Schedule A1 **15**

2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission Use)

4 Date **7-17-02**  
5 Full name of contributor  out of state PAC (ID#)  
**Jack + Allene Pope**  
6 Contributor address: City, State, Zip Code  
**2803 Stratford Dr.  
Austin, TX 78746**

7 Amount of contribution (\$) **150.00**  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date **7-27-02**  
Full name of contributor  out of state PAC (ID#)  
**Vinson + Elkins <sup>Texas</sup> Political Action Committee**  
Contributor address: City, State, Zip Code  
**2300 First City Tower  
Houston, TX 77002-6760**

Amount of contribution (\$) **1000.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **7-25-02**  
Full name of contributor  out of state PAC (ID#)  
**Mark E. Bentley**  
Contributor address: City, State, Zip Code  
**P.O. Box 91806  
Austin, TX 78709**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **7-18-02**  
Full name of contributor  out of state PAC (ID#)  
**Mary M. and Mather L. Waltrip**  
Contributor address: City, State, Zip Code  
**1120 Challenger Dr.  
Austin, TX 78734**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **8-5-02**  
Full name of contributor  out of state PAC (ID#)  
**Steve + Nancy Mize Wimberly**  
Contributor address: City, State, Zip Code  
**507 Buckeye Trl.  
Austin, TX 78746**

Amount of contribution (\$) **2000.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME **Margaret M. Moore** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>7-8-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>PBS&amp;J Political Action Committee - Texas</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>206 Wild Basin Rd., Ste. 300 Austin, TX 78746-3343</b>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>8-10-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>George B. + Edna Ramon Butts</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4400 Michael's Cv. Austin, TX 78746</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>8-12-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>Charles F. Rice, Jr.</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 141488 Austin, TX 78714</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>8-22-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>Lloyd, Gosselin, K, Blevins, Rochelle, Baldwin, + Townsend, P.C.</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1725 Austin, TX 78767</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>8-25-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <b>James N. Rader + Martha S. Dickie</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>503 Brookhaven Trail Austin, TX 78746</b>			

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME Margaret M. Moore		3 ACCOUNT # (Ethics Commission files)	
4 Date 8-14-02	5 Full name of contributor [ ] out of state PAC (ID#) Richard H. Waters 6 Contributor address; City; State; Zip Code P.O. Box 204372 Austin, TX 78720-4372	7 Amount of contribution (\$) 100. <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 8-20-02	Full name of contributor [ ] out of state PAC (ID#) Christopher M. Gunter, PC Contributor address; City; State; Zip Code 600 W. Ninth St. Austin, TX 78701-2212	Amount of contribution (\$) 500. <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 9-6-02	Full name of contributor [ ] out of state PAC (ID#) Donald C. Walden, INDV Contributor address; City; State; Zip Code P.O. Box 340272 LAKeway, TX 78734-0005	Amount of contribution (\$) 5000. <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 9-9-02	Full name of contributor [ ] out of state PAC (ID#) Ross AND Laurie Garber Contributor address; City; State; Zip Code 101 Pascal Ln. Austin, TX 78746-2543	Amount of contribution (\$) 1000. <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 8-28-02	Full name of contributor [ ] out of state PAC (ID#) Marvin J. Bendele Contributor address; City; State; Zip Code 5201 Cuesta Verde Austin, TX 78746	Amount of contribution (\$) 400. <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

**Margaret M. Moore**

3 ACCOUNT # (Ethics Commission files)

4 Date

**9-9-02**5 Full name of contributor  out of state PAC (ID#)**Sherry Jacks**

6 Contributor address; City, State, Zip Code

**2512 Wooldridge Dr.  
Austin, Tx 78703**

7 Amount of contribution (\$)

**500.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**9-11-02**Full name of contributor  out of state PAC (ID#)**James E. Cousar**

Contributor address; City, State, Zip Code

**1110 W. 7th Street  
Austin, TX 78703**

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**9-11-02**Full name of contributor  out of state PAC (ID#)**Minton, Burton, Foster & Collins, P.C.**

Contributor address; City, State, Zip Code

**1100 Guadalupe St.  
Austin, TX 78701**

Amount of contribution (\$)

**1000.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**9-19-02**Full name of contributor  out of state PAC (ID#)**Pamela Reed**

Contributor address; City, State, Zip Code

**1503 Harbor View  
Austin, TX 78746 3601**

Amount of contribution (\$)

**500.00**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**9-15-02**Full name of contributor  out of state PAC (ID#)**Charles Betts**

Contributor address; City, State, Zip Code

**14741 Arrowhead Dr.  
Austin, Tx 78641**

Amount of contribution (\$)

**\$60.00**

In-kind contribution description (if applicable)

**reception**

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission files)

4 Date **9-17-02**  
5 Full name of contributor  out of state PAC (ID# )  
**Martha E. Smiley**  
6 Contributor address: City, State, Zip Code  
**1221 S. Congress Ave. # 1634  
Austin, Tx 78704**

7 Amount of contribution (\$) **250.00**  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date **9-19-02**  
Full name of contributor  out of state PAC (ID# )  
**Michael G. Dick + Mary B. Reagan**  
Contributor address: City, State, Zip Code  
**1712 Datura Court  
Austin, Tx 78733**

Amount of contribution (\$) **1000.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **9-20-02**  
Full name of contributor  out of state PAC (ID# )  
**Adrienne + Ross Milloy**  
Contributor address: City, State, Zip Code  
**2301 Quarry  
Austin, Tx 78703**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **9-16-02**  
Full name of contributor  out of state PAC (ID# )  
**Keith D. + Lorraine J. Rosbury**  
Contributor address: City, State, Zip Code  
**1700 Gentle Way  
Prosper, Tx 75078**

Amount of contribution (\$) **580.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date **9-16-02**  
Full name of contributor  out of state PAC (ID# )  
**J. LYNN + Shirley A. Hartford**  
Contributor address: City, State, Zip Code  
**5716 Willow Pl.  
Parkville, MO**

Amount of contribution (\$) **580.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME <b>Margaret M. Moore</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>9-14-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>H. D. Falkenberg</b>	7 Amount of contribution (\$) <b>1000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <b>P. O. Box 123 Austin, TX 78767</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>9-16-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Michael R. Hatcher</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>114 Swiftcurrent Trail Austin, TX 78746</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>9-16-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Samir G. Hanna</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>10903 Keystone Bend Austin, TX 78750</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Richard J. + Valerie D. Wheeler</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>16002 Canard Circle Austin, TX 78734</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Richard H. Malone</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>1704 Treadwell St. Austin, TX 78704</b>			
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME **Margaret M. Moore** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>9-12-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Charles E. + Troylyn W. Ball</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>16219 Flintrock Rd. Austin, TX 78738-1718</b>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <b>9-10-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>David + Vicki Altounian</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>401 Terrace Mountain Drive Austin, Tx 78746</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>DAVID A. HAMILTON</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>19227 Kelly Pines Court Humble, Tx 77346</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>9-18-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Allen + Patricia A. Watson</b>	Amount of contribution (\$) <b>2000.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>P.O. Box 130436 Houston, Tx 77219-0436</b>			

Principal occupation (Optional) Employer (Optional)

Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Keith B. + Jeanna B. Young</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>7315 Scenic Brk. Dr. Austin, Tx 78736-1738</b>			

Principal occupation (Optional) Employer (Optional)

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1 Total pages this Schedule A1 **15**

2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission files)

4 Date <b>9-19-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Alan R. + Gay Taylor Erwin</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <b>3 Jeffrey Cove Austin, Tx 78746</b>			

9 Principal occupation (Optional)

10 Employer (Optional)

Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Steven D. Paulson</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>1000 Liberty Park Dr. Austin, TX 78746</b>			

Principal occupation (Optional)

Employer (Optional)

Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Paul Warner Linehan + Wendy G. Linehan</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>3502 Lost Creek Blvd. Austin, TX 78735-8208</b>			

Principal occupation (Optional)

Employer (Optional)

Date <b>9-19-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Laura L. Toups</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>305 Le Grande Ave. Austin, TX 78704-1830</b>			

Principal occupation (Optional)

Employer (Optional)

Date <b>9-16-02</b>	Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Shane Snafer</b>	Amount of contribution (\$) <b>400.00</b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>103 Oakland Dr. Georgetown, TX 78628</b>			

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME: **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission Merit)

4 Date <b>9-19-02</b>	5 Full name of contributor ( ) out of state PAC (ID# ) <b>Mark F. Schultz</b>	7 Amount of contribution (\$) <b>2,000.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code <b>1700 Rio Grande Austin, TX 78701</b>			

9 Principal occupation (Optional) \_\_\_\_\_ 10 Employer (Optional) \_\_\_\_\_

Date <b>9-19-02</b>	Full name of contributor ( ) out of state PAC (ID# ) <b>George + Donna J. Prall</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>306 Creekwood LANCASTER, TX 75146</b>			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date <b>9-19-02</b>	Full name of contributor ( ) out of state PAC (ID# ) <b>Keith B. Jackson</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>504 E. 42nd St. Austin, TX 78751-4302</b>			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date <b>9-19-02</b>	Full name of contributor ( ) out of state PAC (ID# ) <b>Nancy Ledbetter + Associates Public Relations and Planning</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>2800 Butler National Dr. Pflugerville, TX 78660</b>			

Principal occupation (Optional) \_\_\_\_\_ Employer (Optional) \_\_\_\_\_

Date <b>9-17-02</b>	Full name of contributor ( ) out of state PAC (ID# ) <b>Graves, Dougherty, Heavon + Moody, P.C.</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code <b>P.O. Box 98 Austin, TX 78767</b>			

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

15

2 FILER NAME

Margaret M. Moore

3 ACCOUNT # (Use a Commission letter)

4 Date

9-19-02

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

~~Robert Garcia~~ Roberto Garcia

6 Contributor address, City, State, Zip Code  
16416 Framingham Cir.  
Pflugerville, Tx 78660

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9-25-02

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

Peter H. + Kerrie V. Bush

Contributor address, City, State, Zip Code  
1797 Sandy Creek Rd.  
Red Rock, Tx 78662

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-18-02

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

JON N. Strange

Contributor address, City, State, Zip Code  
24823 Lakebriar Dr.  
Katy, Tx 77494-1808

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-11-02

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

McCall, Parkhurst + Horton, L.L.P.

Contributor address, City, State, Zip Code  
717 N. Harwood, Suite 900  
Dallas, Tx 75201

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-23-02

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

The Law Offices of Minter, Joseph + Thornhill, P.C.

Contributor address, City, State, Zip Code  
811 Barton Springs, Suite 800  
Austin, Tx 78704

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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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 **15**

2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission Merit)

4 Date **9-20-02**  
5 Full name of contributor  out of state PAC (ID#)  
**Herring + Irwin, L.L.P.**  
6 Contributor address, City, State, Zip Code  
**806 West Avenue  
Austin, TX 78701**

7 Amount of contribution (\$) **1000.00**  
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date **9-24-02**  
Full name of contributor  out of state PAC (ID#)  
**[REDACTED]**  
Contributor address, City, State, Zip Code  
**P.O. Box 684785  
Austin, TX 78768**

Amount of contribution (\$) **100.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **9-21-02**  
Full name of contributor  out of state PAC (ID#)  
**Stephanie A. Whitehurst**  
Contributor address, City, State, Zip Code  
**2703 Westlake Dr.  
Austin, TX 78746**

Amount of contribution (\$) **250.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **9-22-04**  
Full name of contributor  out of state PAC (ID#)  
**Russell Douglass Investments**  
Contributor address, City, State, Zip Code  
**305 McConnell  
Austin, TX 78746**

Amount of contribution (\$) **350.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date **9-24-02**  
Full name of contributor  out of state PAC (ID#)  
**Melissa Jones**  
Contributor address, City, State, Zip Code  
**2514 Wooldridge  
Austin, TX 78703-2536**

Amount of contribution (\$) **500.00**  
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A 1**  
(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 A 1 **15**

2 FILER NAME: **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission files)

4 Date <b>9-23-02</b>	5 Full name of contributor [ ] out of state PAC (ID#) <b>Mary Gay Grigg</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <b>35 Pascal Lane Austin, TX 78746</b>			

9 Principal occupation (Optional)      10 Employer (Optional)

Date <b>9-21-02</b>	Full name of contributor [ ] out of state PAC (ID#) <b>Carolyn M. Olsen</b>	Amount of contribution (\$) <b>150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>1301 Puddleby Cove Austin, TX 78746</b>			

Principal occupation (Optional)      Employer (Optional)

Date <b>9-23-02</b>	Full name of contributor [ ] out of state PAC (ID#) <b>Elizabeth Christian</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>7629 Rockpoint Dr. Austin, TX 78731</b>			

Principal occupation (Optional)      Employer (Optional)

Date <b>9-21-02</b>	Full name of contributor [ ] out of state PAC (ID#) <b>Robbie J. <del>the</del> Ausley</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <b>3707 Laureledge Lane Austin, TX 78731-4049</b>			

Principal occupation (Optional)      Employer (Optional)

Date <b>9-26-02</b>	Full name of contributor [ ] out of state PAC (ID#) <b>Mauvy Lane</b>	Amount of contribution (\$) <b>\$7,500</b>	In-kind contribution description (if applicable) <b>consulting</b>
Contributor address, City, State, Zip Code <b>12207 Carlsbad Dr. Austin, TX 78738</b>			

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 **15**

2 FILER NAME **Margaret Moore**

3 ACCOUNT # (Ethics Commission Use)

4 Date <b>9-20-02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#) <b>Mike Weaver</b>	7 Amount of contribution (\$) <b>\$875</b>	8 In-kind contribution description (if applicable) <b>reception</b>
6 Contributor address, City, State, Zip Code <b>Prime Strategies 1508 South Lamar Blvd. Austin, TX 78704</b>			

9 Principal occupation (Optional)		10 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)	
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)	
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.	1 Total pages Schedule F: <b>5</b>
2 FILER NAME: <b>Margaret M. Moore</b>	3 ACCOUNT # (Ethics Commission files)

4 Date <b>8-5-02</b>	5 Payee name <b>Clear Choice Network</b>	7 Amount (\$) <b>\$ 3,600.00</b>
6 Payee address, City, State, Zip Code <b>P.O. Box 13522 Austin, TX 78711</b>		

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

Date <b>8-12-02</b>	Payee name <b>Westlake Band Parents</b>	Amount (\$) <b>188.00</b>
Payee address, City, State, Zip Code <b>4100 WESTBANK DRIVE Austin, TEXAS 78746</b>		

Purpose of payment (See instructions regarding type of information required.) <b>advertising</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date <b>8-12-02</b>	Payee name <b>Triumph Solutions Group</b>	Amount (\$) <b>2500.00</b>
Payee address, City, State, Zip Code <b>P.O. Box 1752 Austin, TX 78767</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

Date <b>8-13-02</b>	Payee name <b>McCoy's Building Center</b>	Amount (\$) <b>299.78</b>
Payee address, City, State, Zip Code <b>6200 Burslem Rd. Austin, TX 78744</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Supplies</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.	1 Total pages Schedule F <b>5</b>
2 FILER NAME <b>Margaret M. MOORE</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8-16-02</b>	5 Payee name <b>Central Labor Council of Texas</b>	7 Amount (\$) <b>65.00</b>
6 Payee address, City, State, Zip Code <b>P.O. Box 684644 Austin, TX 78768-4644</b>		

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

Date <b>8-14-02</b>	Payee name <b>Clear Choice Network</b>	Amount (\$) <b>2595.10</b>
Payee address, City, State, Zip Code <b>P.O. Box 13522 Austin, TX 78711</b>		

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

Date <b>8-16-02</b>	Payee name <b>Travis County Democratic Party</b>	Amount (\$) <b>5000.00</b>
Payee address, City, State, Zip Code <b>4201 S. Congress, Suite 302 Austin, TX 78745</b>		

Purpose of payment (See instructions regarding type of information required) <b>Political contribution</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
---	---

Date <b>8-20-02</b>	Payee name <b>Worley Printing Co.</b>	Amount (\$) <b>245.73</b>
Payee address, City, State, Zip Code <b>3217 North IH 35 Austin, TX 78722</b>		

Purpose of payment (See instructions regarding type of information required) <b>campaign literature</b>	-- 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 <b>5</b>
2 FILER NAME <b>Margaret M. MOORE</b>	3 ACCOUNT # (Ethics Commission files)

4 Date <b>8-23-02</b>	5 Payee name <b>Maurry LANE</b>	7 Amount (\$) <b>5000.00</b>
6 Payee address, City, State, Zip Code <b>12207 Carlsbad Dr. Austin, TX 78738</b>		

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

Date <b>8-23-02</b>	Payee name <b>Triumph Solutions Group</b>	Amount (\$) <b>2500.00</b>
Payee address, City, State, Zip Code <b>P.O. Box 1752 Austin, TX 78767</b>		

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

Date <b>9-12-02</b>	Payee name <b>Jodie Eldridge</b>	Amount (\$) <b>1000.00</b>
Payee address, City, State, Zip Code <b>603 W. 13th St., #1A-432 Austin, TX 78701</b>		

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

Date <b>8-30-02</b>	Payee name <b>Mail Center USA</b>	Amount (\$) <b>77.50</b>
Payee address, City, State, Zip Code <b>3300 Bee Cave Rd., Ste. 650 Austin, TX 78746</b>		

Purpose of payment (See instructions regarding type of information required) <b>Postage</b>	-- 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 <b>5</b>
2 FILER NAME <b>Margaret M. Moore</b>	3 ACCOUNT # (Ethics Commission files)

4 Date <b>9-1-02</b>	5 Payee name <b>Austentations Advertising</b> 6 Payee address, City, State, Zip Code <b>3036 South 1st, Suite 103 Austin, TX 78704</b>	7 Amount (\$) <b>293.26</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date <b>9-5-02</b>	Payee name <b>Worley Printing Co.</b> Payee address, City, State, Zip Code <b>3217 North IH 35 Austin, TX 78722</b>	Amount (\$) <b>313.87</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Campaign Literature</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date <b>9-19-02</b>	Payee name <b>The Print Shoppe</b> Payee address, City, State, Zip Code <b>1811 S. Capital of Texas Hwy. Austin, TX 78746</b>	Amount (\$) <b>870.90</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Campaign literature</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---	--

Date <b>9-23-02</b>	Payee name <b>Triumph Solutions Group</b> Payee address, City, State, Zip Code <b>P.O. Box 1752 Austin, TX 78767</b>	Amount (\$) <b>2500.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Consulting</b>	-- 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 **5**

2 FILER NAME **Margaret M. Moore**

3 ACCOUNT # (Ethics Commission files)

4 Date <b>9-25-02</b>	5 Payee name <b>Millenium World Media</b>  6 Payee address: City, State, Zip Code <b>6829 E. THOMAS ROAD Suite B Scottsdale AZ 85251</b>	7 Amount (\$)  <b>1000.00</b>
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8 Purpose of payment (See instructions regarding type of information required) <b>Website</b>	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 (\$)
------	--	-------------

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: _____
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED