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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5225

FORM C/O
COVER SHEET PG

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 32

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Michael | MI: Scott | NICKNAME: Mike | LAST: HANSON | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 9903 Capital View DR | APT / SUITE #: | CITY: AUSTIN | STATE: TX | ZIP CODE: 78747

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Melissa | MI: Kay | NICKNAME: Mel | LAST: Hanson | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9903 Capital View DR | APT / SUITE #: | CITY: AUSTIN | STATE: TX | ZIP CODE: 78747

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 280-5039 | EXTENSION:

OFFICE USE ONLY

Date Received: 02 OCT -8 AM 9:12

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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: 10 / 5 / 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)

City Commissioner Pct

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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Michael S. Hanson

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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ 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)	$ 14,929.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 11,637.85

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,291.15

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.

Melissa Hanson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Hanson, this the 8th day of October, 20 02, to certify which, witness my hand and seal of office.

Mary Ann Carmona — MARY ANN CARMONA — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

MARY ANN CARMONA
Notary Public, State of Texas
My Commission Expires
AUG. 25, 2004

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-850

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: 10

2 FILER NAME: Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	James Oliver, JR 6505 Auburndale Austin, TX 78723	50,00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Hill Cty Republican Women 9123 Granada Hills Drive Austin, TX 78737	100,00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Richard Reeves	77,50	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Richard Reeves	19,00	Juneteenth Candy

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Helga Morath 4804 Duval St, Austin, TX 78751	200,00	

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.

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: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

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)

10 Principal occupation (optional) | 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)

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH, C/OH-SS, SC-C/O
SC-SPAC, SPAC, & SPAC-S

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10

2 FILER NAME: M. Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	George Humphreys 2603 Tanglewood Trail Austin, TX 78707	500	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	J & J Towing P.O. Box 26837 Austin, TX 78755	1500	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Kimberlee Kroptor-Dunn 31 Laurel Hill Austin, TX 78737-9309	75	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Leah Lewis 6008 Saxton Drive Austin, TX 78759	70.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Jay Hanson 504 Sunrise Circle Austin, TX 78704	50	

Principal occupation (Optional) | Employer (Optional)

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

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: 10

2 FILER NAME: M. HANSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	George A. Pulliam 1102 Settlers Valley Dr. Pflugerville, TX 78660-3820	2500	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Cliff Sparks 14307 Jacobson Rd. Del Valle, TX 78617	50 00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Dave - Pauline Gamble 2530 Baxter Dr. Austin, TX 78745	50 00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Bill Childers 8209 Linden Leaf Del Valle, TX 78617	25 00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Gwen Marie McLendon 8401 Streamline Circle Austin, TX 78745	50 00	

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.

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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: 10

2 FILER NAME: M. Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Randell / Betty Mack 2934 Lake Land San Antonio, TX 78222	6018	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-3-02	Douglas Roy 3207 Mandrake Rd, #505 Austin, TX 78704	2518	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	James Shive 6505 Auburndale St, Austin TX 78723	5018	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-02	Guy Henry	1000	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-02	Stephen Miles Lewis	5018	

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-

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: 10

2 FILER NAME: M. HANSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-3-02	Jeffrey Kantoff	2500	
	9 Principal occupation (Optional)	10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Billie Passmore P.O. Box 33339 Austin, TX 78764	12500	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Cash from Dinner	54300	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Guy Henry 608-A west NorthLoop Blvd, Austin, TX 78751	2500	
	Principal occupation (Optional)	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Ken McDaniel P.O. Box 17241 Austin, TX 78760	2500	
	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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-32

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH, C/OH-SS, SC-C/O SC-SPAC, SPAC, & SPAC-S

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10

2 FILER NAME: Mi Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicabl
	Helga Morath 4804 Duval Street Austin, TX 78751	280.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-02	Barbara Sharon Witzel P.O. Box 82541 Austin, TX 78708	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-02	Gwen McLendon 8401 Streamline Circle Austin, TX 78745	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-3-02	Dennis Ryzen 4307 E Seminole Drive Del Valle, TX 78617	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6	Sandra Vi / Michael Trevino 2979 Mooring Circle Austin, TX 78734	200.00	

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.

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

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: 10

2 FILER NAME: M. HANSON

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)
	JoAnna Clardy 6 Contributor address; City; State; Zip Code 6723 Beauford Drive Austin, TX 78750	1,000.00	

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)
	Timeline Group Contributor address; City; State; Zip Code P.O. Box 82541 Austin, TX 78708	50.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-31-02	Fundraiser Pool Tournament Contributor address; City; State; Zip Code	217.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
8/02	So. Side Wrecker Contributor address; City; State; Zip Code	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Cash From Trailer Park Dinner Contributor address; City; State; Zip Code	50.00	

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-

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: 10

2 FILER NAME: M. HANSEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Helga Moath 4804 Duval St Austin TX 78751	100.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Chris A. Hansen 1806 Congressional Circle Austin, TX 78746	400.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Ron Neal 312 windy Hollow Dr Kyle, TX 78640	200.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	BG 4 Auto Parts 8601 Cullen Lane Austin, TX 78748	300.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	DR. Jones 3001 S. Lamar Austin, TX 78704	700.00	

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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-32

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A
(FOR FORMS C/OH, C/OH-SS, SC-C/O SC-SPAC, SPAC, & SPAC-S

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10

2 FILER NAME: M. HANSON

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Bob Bray 8650 Spicewood Springs Austin, TX 78758 RA	23100	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Triangle Parts, Inc 9707, FM 812 Austin, TX 78719	300100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Browning Auto Parts 3212 E. Cesar Chavez St, Austin, TX 78702	200100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Bruce & Donna Ormand 305 Thomas Dr. Austin, TX 78702	200100	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Rob Ormand 2209 Hazelting Ln Austin, TX 78747	1,000100	

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.

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

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: 10

2 FILER NAME: Mi Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Michelle Helms / Firework Stand	5,400.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

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

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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.

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

6 Is lender a financial institution?
Y N

7 Name of lender ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral
☐ none

13 GUARANTOR INFORMATION
☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution?
Y N

Name of lender ☐ out-of-state PAC (ID#:)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

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: 19

2 FILER NAME: Melissa Hanson

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 ($)
8-1-02	Parents Get United Gas	25.00
9-30-02	General Printing Inc, Purpose of expenditure (See instructions regarding type of information required.)	800.00
9-30-02	K. Liegh Purpose of expenditure (See instructions regarding type of information required.)	20.00
	CK Auto Shop come Back Purpose of expenditure (See instructions regarding type of information required.)	150.00 + 3.00
	Phillip Dick Purpose of expenditure (See instructions regarding type of information required.) Bus Ride	50.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: McHanson

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 ($)
	Scott Sampson	Fireworks SCVSI	50.00
9-15-02	Post office	Stamps	84.86
	Michelle Helms	Payback Fireworks CK	1,309.00
	Wall Henry Commissi		80.00
9-30-02	Steve Blahak Credit Card	Tape DU	38.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 17

2 FILER NAME: M. Hanson

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 ($)
	Scott Sampson Cleanup grounds	100.00
Date	Payee name: JOANN THORNTON Payee address; City; State; Zip Code: & Purpose of expenditure (See instructions regarding type of information required.): Stamps	Amount ($): 20.00
7-13-02	Payee name: AT&T Wireless Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.): Part Cell Phone	Amount ($): 400.00
8-6-02	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.): Gas	Amount ($): 21.89
9-25-02	Payee name: Music Mountain Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.): 10 Bottles Deposits Bought	Amount ($): 65.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. HANSON

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 ($)
7-23-02	ACAC TV	39.00
Date	Payee name: Target Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.): clothes	Amount ($): 49.74
Date	Payee name: Home Depot Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.): Poles & Screws for signs	Amount ($): 17.95
Date	Payee name: Chris Ritter Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.): Labor / Topsoil	Amount ($): 50.80
7-17-02	Payee name: ~~Travis~~ County Travis Maps Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($): 32.50

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 9

2 FILER NAME: Milhan Sox

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 ($)
8-13-02	Exxon Gas	20.00
8-10-02	Republican Liberty Caucus of TX Endorsement Mtg.	Parking $10.00 Dinner $45.00
7-02	motorhome / Rental for Fire Stand	153.20
7-02	Reily Auto Battery	8.43
7-02 (with ~~7-22-02~~)	At & T wireless Cell Phone	216.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: Mi Hanson

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 ($)
7-31-02	Pool Tournament / Prize money	100.00
7-31-02	The warehouse Pool Hall / Tip mrs. Gonzalez	50.00
8-3-02	Kate Carteafe / OPA voice over	50.00
8-3-02 ~~7-11-02~~ mitt	7-11 store / Gas	20.00
8-2-02	Chevron /	10.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. Hansen

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 ($)
7-30-02	C-mart	20.00
7-22-02	A.T.&T. wireless Purpose of expenditure: Part Cell Phone	100.00
9-15-02	Austin Paratimes Purpose of expenditure: ad	200.00
	Cedar Sticks Purpose of expenditure: Signs	150.00
9-16-02	Sign Effects Purpose of expenditure: Small Signs	980.53

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. HANSON

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 ($)
9-16-02	Sign Effects 4x8 Signs	1,500.00
9-15-02	Kirk Hunter Dub Video TV	20.00
9-30-02	Kirk Hunter Dub Video TV	60.00
9-16-02	CURelio Trailer Tire Change	16.80
9-02	Target Tapes Video Tapes	6.20

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. Hanson

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 ($)
8-25-02	Home Depot	Screw Posts	35.26
9-1-02	Home Depot	T-Post	33.99
9-5-02	7-11 Store	Gas	15.61
7-19-02	Batteries		5.30
8-26-02	Walgreens		18.38

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. Horne

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 ($)
8-19-02	ACAC TV Tapes	8.80
8-17-02	7-11 Store Gas	30.88
7-02	SWB Place	65.61
9-17-02	Home Depot Washers for signs	15.13
9-16-02	Lowes 2x4 signs	430.80

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 19

2 FILER NAME: M. Hansen

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 ($)
9-1-02	Exxon / Gas	20.80
7-9-02	7-11 Store / Gas	15.00
9-4-02	Kinkos / Copies	17.24
9-21-02	Threadgills / Food Volunteers	61.78
9-13-02	Texaco / Gas	16.50

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SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME: M. HANSON

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 ($)
9-25-02	McDonalds Vol. Food	31.18
9-11-02	Radio Shack Tapes	65.22
9-20-02	Mike Helms Ear Plug for Plane Gift	26.00
9-02	Stolen Signs from Campaign	750.00
9-6-02	So. Austin Flea Mkt Fee	50.00

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SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME M. Hansox

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 ($)
Sept, Oct NOV	Bill Buard Riverside and Ben White	500.00 Material 3,000.00 Gift
9-23-02	Chilies Rest. Mtg. Volunteers	23.78
9-23-02	Capital Grill	5.67
9-23-02	Post office	7.40
	Brian Cotton Nails	26.00

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SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME: M. HANSEN

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 ($)
	Lindig	Gas	9.05
8-8-02	AT&T wireless	Port Cell	400.00
	Kwik-o-mate	Tape	10.85
	Eckerd Drug	Video Packet	7.67
	Kinkos	5/5 white 5+D	6.55

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SCHEDUL

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1 Total pages Schedule I: 19

2 FILER NAME: M. HANSON

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 ($)
	7-11 Store	20.00
Date	Payee name: Radio Shack Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.): 3 pack	Amount ($): 77.24
Date	Payee name: EXXON Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.):	Amount ($): 20.00
Date	Payee name: M-M Food Store Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.):	Amount ($): 15.00
9-25-02	Payee name: Kunk Hunter Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.):	Amount ($): 40.00

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SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME: M. Hanson

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 ($)
9-30-02	7-11 Store	Gas	20.00
9-24-02	7-11 Store	Gas	30.00
	7-11 Store	Gas	24.09
9-7-02	EXXON		20.00
	7-11 Store		20.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDUL

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 17

2 FILER NAME M. HANSEN

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 ($)
10-2	Gas	20,00
10-6-02	Express Gourmet Food / Fundraiser	1,070,15
10-02	Phone	200,00
10-6-02	Baitenders / Fundraiser	100,00
10-6-02	Party Planners / Postage, etc.	500,00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME: M. Ramsey

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 ($)
10-6-02	Party assortments	61.64
10-6-02	Glasses / Napkins	125.00
10-6-02	margarita machine	122.00
10-6-02	Liquor	64.82
10-6-02	Beer Kegs	200.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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1 Total pages Schedule I: 19

2 FILER NAME: M. Hanson

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 ($)
10-6-02	Tax		5,30
10-6-02	Watts Henry	Paid Commissioner Fundraiser	1,000,0
10-02	Scott Sampson	Guard Found Signs	100,00
10-1-02	2 Signs Stolen	Labor & materials	500,00

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