

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5239

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:

24

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Michael MI: S.
NICKNAME: MICE LAST: HANSON SUFFIX:

OFFICE USE ONLY

Date Received

OCT 28 2002

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 9903 Capital View DR.
APT / SUITE #: CITY: Austin, TX 78747-2169
STATE: ZIP CODE: Change of Address

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. FIRST: MELISSA MI: K.
NICKNAME: LAST: HANSON SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9903 Capital View DR.
APT / SUITE #: CITY: Austin, TX 78747-2169
STATE: ZIP CODE:

7 CAMPAIGN TREASURER PHONE

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

8 REPORT TYPE

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

9 PERIOD COVERED

Month Day Year: 10 / 07 / 02 THROUGH Month Day Year: 10 / 28 / 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. 4

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Michael Scott Hanson

15 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,145.25

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 9,805.96

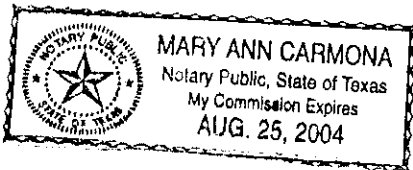
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

-\$4,660.71

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 28th day of October, 2002, to certify which, witness my hand and seal of office.

Mary Ann Carmona
Signature of officer administering oath

MARY ANN CARMONA
Printed name of officer administering oath

Natay
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:

6

2 FILER NAME

MELISSA HANSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-17-02

5 Full name of contributor

out-of-state PAC (ID#)

TRAVIS REPUBLICAN WOMEN

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

703 Pressler Street
Austin, TX 78703

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-15-02

Full name of contributor

out-of-state PAC (ID#)

Jimmie Vaughn

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 164345
Austin, TX 78716-4345

Principal occupation (Optional)

Singer

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Mr. Childers

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 492
Del Valley, TX 78617-0492

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Billie Patmore

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 33339
Austin, TX 78764

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Stephen Miles Lewis

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1302 S. 5th Street
Austin, TX 78704

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

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

Helga Morath

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4804 Duval Street
Austin, TX 78751

200.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

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

Jesse Reveille

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10209 Fm 812
Austin TX

200.00

Principal occupation (Optional)

Employer (Optional)

Date

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

David Hird

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Lonston Recovery
Austin TX

500.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Phil Savoy

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10-2002

500.00

Radio Ads

Principal occupation (Optional)

Employer (Optional)

Date

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

Mourad Belkaum

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Toxic Cafe
12209 Colonial Club

1,000.00

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.

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 <i>Melissa Hanson</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Austin Lee Dwb</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code				
9 Principal occupation (Optional)		10 Employer (Optional)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>A Kraus, Austin Auto</i>	Amount of contribution (\$) <i>100.00</i>	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#: <i>Special Automotive</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>Judy Lee Mader 10462 Fm 812 Austin, TX 78719</i>				
Principal occupation (Optional)		Employer (Optional)		
Date <i>10-21-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dwe Gamble</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>2530 Baxter DR, Austin, TX 78745</i>				
Principal occupation (Optional)		Employer (Optional)		
Date <i>10-20-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOanna Clardy</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>6723 Beauford DR, Austin, TX 78750</i>				
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 filers)
Melissa Hanson

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joan Richardson, M.D.</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>574 16th Street Galveston, TX 77550</i>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ken McDaniel</i>	Amount of contribution (\$) <i>115.00</i>	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#: _____) <i>Joel Christie</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>900 Great Britain Blvd, Austin, TX 78748-6469</i>			

Principal occupation (Optional) Employer (Optional)

Date <i>10-19-02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McKinney Auto Sales</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5711 South Congress Ave, Austin, TX</i>			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ISAAC A. Babb</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1119-B Pinehurst Dr, Austin, TX 78742</i>			

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 **Melissa Hanson** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10-15-02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayland George Philip	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Body Paint 11740 Manchaca Rd Austin TX 78748			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 10-15-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc A. Pickett	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9100 Jesse James Drive Austin, TX 78748			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nuevo Leon	Amount of contribution (\$) 5.75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date 10-11-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Cafe	Amount of contribution (\$) 17.50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date 10-11-02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXXON	Amount of contribution (\$) 20.00	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 *Melissa Hanson* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10-13-02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diamond Shemock</i> Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>10.00</i>	8 In-kind contribution description (if applicable)
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9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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

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

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

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

Principal occupation (optional)	Employer (optional)
---------------------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#.....)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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.

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
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
---	----------------------	---------------------------

15 Guarantor address; City; State; Zip Code

17 Principal Occupation	18 Employer
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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
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
--	-------------------	------------------------

Guarantor address; City; State; Zip Code
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
6 Payee 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	Payee name	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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

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	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

9

2 FILER NAME

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/02

5 Payee name

KLBT Radio, Ken Jones

6 Payee address: City: State: Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Radio Ads for 98.9, 102.3, 1370

8 Amount (\$)

3,000.00

Date

10-10-02

Payee name

General Printing

Payee address: City: State: Zip Code

8906 Wall Street
Austin, TX 78754

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

Printing

Amount (\$)

800.00

Date

10-21-02

Payee name

Sign Effects

Payee address: City: State: Zip Code

1708 Benchmark Drive
Austin TX 78728

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

500 Signs

Amount (\$)

980.53

Date

Payee name

Office Max

Payee address: City: State: Zip Code

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

Rubber Bands / Printer Sheets

Amount (\$)

79.99

Date

10-15-02

Payee name

711-Store

Payee address: City: State: Zip Code

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

Gas

Amount (\$)

11.49

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

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	<p><i>Party Central</i></p> <p>6 Payee address; City, State, Zip Code</p>	156.22
	<p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p><i>Chairs Rental</i></p>	
	<p>Payee name <i>SAC</i></p> <p>Payee address; City, State, Zip Code <i>401 N. Maple</i></p>	20.00
	<p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p><i>Gas</i></p>	
	<p>Payee name <i>wal-mart</i></p> <p>Payee address; City, State, Zip Code</p>	83.96
	<p>Purpose of expenditure (See instructions regarding type of information required.)</p>	
	<p>Payee name <i>M.R. G's</i></p> <p>Payee address; City, State, Zip Code</p>	10.99
	<p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p><i>Gas</i></p>	
	<p>Payee name <i>7-11 store</i></p> <p>Payee address; City, State, Zip Code</p>	24.48
	<p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p><i>Food / Gas</i></p>	

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

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers) _____

4 Date

10/02

5 Payee name

Scott Sampson

8 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Flier Placement

Date

10-20-02

Payee name

Austin Para Times

Amount (\$)

200.00

Payee address; City; State; Zip Code

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

Ad Newspaper

Date

10-20-02

Payee name

Don Lord

Amount (\$)

50.00

Payee address; City; State; Zip Code

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

Fixed 52 Chew.

Date

10-25-02

Payee name

General Printing

Amount (\$)

300.00

Payee address; City; State; Zip Code

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

Printing / Rubber Bands

Date

10/02

Payee name

AT&T Wireless

Amount (\$)

300.00

Payee address; City; State; Zip Code

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

Phone-Cell

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

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-20-02

5 Payee name

Frances Martinez

6 Payee address; City; State; Zip Code

8 Amount (\$)

50.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Fundraiser

Date

10/02

Payee name

SWB

Payee address; City; State; Zip Code

Amount (\$)

202.00

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

Phone

Date

10-15-02

Payee name

Chris Ritter

Payee address; City; State; Zip Code

Amount (\$)

50.00

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

Tape

Date

10-15-02

Payee name

Chris Ritter

Payee address; City; State; Zip Code

Amount (\$)

100.00

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

Label - ACAC Producers Show

Date

10-10-02

Payee name

Tommas Peoples

Payee address; City; State; Zip Code

Amount (\$)

50.00

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

Flee's Placement

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Melissa HANSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Herman JOHNSON

6 Payee address; City; State; Zip Code

10-15-02

8 Amount (\$)

100.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Edit Tape Ads.

Date

Payee name

Herman JOHNSON

Payee address; City; State; Zip Code

10-20-02

Amount (\$)

75.00

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

Date

Payee name

Pat Perez

Payee address; City; State; Zip Code

10-20-02

Amount (\$)

30.00

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

Phone Bank

Date

Payee name

J. Thornton

Payee address; City; State; Zip Code

Amount (\$)

30.00

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

Letter Writing

Date

Payee name

Home Depot

Payee address; City; State; Zip Code

10-15-02

Amount (\$)

52.00

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

Nails, Green Poles

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 *Melissa Hanson* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10-9-02</i>	5 Payee name <i>Phone Mr. Vera</i> 6 Payee address; City; State; Zip Code	8 Amount (\$) <i>100.00</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>make calls</i>		

Date <i>10-10-02</i>	Payee name <i>Thad Getteman</i> Payee address; City; State; Zip Code	Amount (\$) <i>61.64</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Plates</i>		

Date <i>10-10-02</i>	Payee name <i>Kim Durgin</i> Payee address; City; State; Zip Code	Amount (\$) <i>131.22</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Chairs Rental</i>		

Date <i>10-10-02</i>	Payee name <i>Leah Lewis</i> Payee address; City; State; Zip Code	Amount (\$) <i>186.82</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Dinner Supplies</i>		

Date <i>10/02</i>	Payee name <i>Frost Bank</i> Payee address; City; State; Zip Code	Amount (\$) <i>100.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Bank mistakes took Bank</i>		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/02	5 Payee name Sign Stolen	8 Amount (\$) 612.00
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) 12 Signs Stolen		

Date 10-20-02	Payee name Phil Savoy	Amount (\$) 300.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) 500 4" sticks (GRT)		

Date 10-14-02	Payee name 7-11 Store	Amount (\$) 27.96
	Payee address; City; State; Zip Code 2103 SO. Congress Ave. Austin, TX	
Purpose of expenditure (See instructions regarding type of information required.)		

Date 10-10-02	Payee name Austin Blue Bonnet Party Club	Amount (\$) 125.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Entry / Drinks / Tips		

Date 10-6-02	Payee name SO. Congress Beverage Bar	Amount (\$) 172.91
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) 2 Keys, 2 Taps, 2 Tubes		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/02	5 Payee name 7-11 store	8 Amount (\$) 17.54
	6 Payee address; City; State; Zip Code 7814 So. 1st Street Austin, TX	
7 Purpose of expenditure (See instructions regarding type of information required.) Gas		

Date 10-25-02	Payee name Phil Savoy	Amount (\$) 300.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) 500 Poles Signs Cedar		

Date	Payee name Auto Zone	Amount (\$) 6.79
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Bulb		

Date	Payee name 7-11 store	Amount (\$) 20.00
	Payee address; City; State; Zip Code 2820 So. Lamar Blvd. Austin, TX 78704	
Purpose of expenditure (See instructions regarding type of information required.) Gas		

Date 10-26-02	Payee name 7-11 store	Amount (\$) 30.00
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) Gas		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Melissa Hanson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount (\$)

10-18-02

6 Payee address; City; State; Zip Code

Target

72.92

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

10-18-02

6 Payee address; City; State; Zip Code

7-11 store

20.50

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

Date

Payee name

Amount (\$)

10-23-02

6 Payee address; City; State; Zip Code

Bob Honts Dinner

42.00

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

Food / Entry

Date

Payee name

Amount (\$)

6 Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

6 Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder