

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

5241

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

Go Honts Committee

1402 San Antonio, Ste 102-18701 Austin

Mary Kochs

6201 Lexington, Austin, TX 78757

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

\$ 1,713.00

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

\$ 18,238.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

40,663.14
~~88,024.14~~

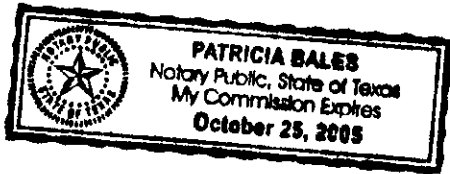
OUTSTANDING LOAN TOTALS

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

\$ 75,000.00

19 AFFIDAVIT

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



Robert G. Honts
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert G. Honts, this the 28th day of October, 2002, to certify which, witness my hand and seal of office.

Patricia Ann Bales Printed name of officer administering oath
Patricia Bales Office Manager Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Robert G.

Bob Honts

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

1402 San Antonio, Ste 102
Austin, TX 78701

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Mary Kochs

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

6701 Lexington
Austin, TX 78757

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 452-3200

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 / 05 / 02 THROUGH 10 / 26 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 05 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Judge

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:

2 FILER NAME

Robert L. Hents

3 ACCOUNT # (Ethics Commission files)

4 Date

10/23/02

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

Joseph Baker

Contributor address; City; State; Zip Code

*5303 River Place Blvd
Austin, TX 78780*

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/24/02

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

Cook Contributions

Contributor address; City; State; Zip Code

under \$50

Amount of contribution (\$)

\$1213

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

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

Israel Semples

Contributor address; City; State; Zip Code

*2111 Briarcliff
Briarcliff, TX 78669*

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/23/02

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

Matt Mathias

Contributor address; City; State; Zip Code

*1209 Broswere Ct.
Austin, TX 78746*

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/25/02

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

MaryLou + Ralph Reed

Contributor address; City; State; Zip Code

*160 Post Oak Ln.
Driftwood, TX 78619*

Amount of contribution (\$)

3000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Robert L. Henry

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/02

5 Full name of contributor

CLS Int'l Chuck Stahl

6 Contributor address; City; State; Zip Code

6111 Mountain Climb
Austin, TX 78731

7 Amount of contribution (\$)

200

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/22/02

Full name of contributor

John Dennis

Contributor address; City; State; Zip Code

630 W. 37th St 302
Austin, TX 78705

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

Patricia Tate

Contributor address; City; State; Zip Code

2602 Janet Ave.
Austin, TX 78703

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

Pete Winkead

Contributor address; City; State; Zip Code

1712 W. 6th
Austin, TX 78701

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

William Burrows

Contributor address; City; State; Zip Code

1717 W. 6th
Austin, TX 78701

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this Schedule A1:

2 FILER NAME

Francis Robert J. Harts

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/02

5 Full name of contributor

out-of-state PAC (ID#)

Francis Woodruff

6 Contributor address; City; State; Zip Code

*2700 Maria Anna
Austin, TX 78703*

7 Amount of contribution (\$)

100-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/24/02

Full name of contributor

out-of-state PAC (ID#)

Leon Gauden

Contributor address; City; State; Zip Code

*6505 Cantolina Court
Austin, TX 78731*

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

out-of-state PAC (ID#)

William Kemp

Contributor address; City; State; Zip Code

*11001 Red Grande #441
Austin, TX 78767*

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

out-of-state PAC (ID#)

Charles Kaley

Contributor address; City; State; Zip Code

*70 St. Stephens School
Austin, TX 78746*

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

out-of-state PAC (ID#)

Carol Martino

Contributor address; City; State; Zip Code

*836 Old Spicewood
Cypress Mill, TX 78754*

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#:

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/22/02

Charles Deple

6 Contributor address; City; State; Zip Code

24732 Travis Lakeside Court
Spicewood, TX 78669

200-

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)

10/24/02

Frances Little

Contributor address; City; State; Zip Code

2806 Rumercrest
Austin, TX 78746

100-

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Russell + Jeanne Parker

Contributor address; City; State; Zip Code

PO Box 163205
Austin, TX 78716

200-

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

William Archer

Contributor address; City; State; Zip Code

2200 Bowman Ave
Austin, TX 78703

250-

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/27/02

Ken Sample

Contributor address; City; State; Zip Code

12403 Waterton Parke Cv.
Austin, TX 78726

100-

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/24

William Lynch

Contributor address: City: State: Zip Code

5100 Ridgemoor
Austin, TX 78731

500

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)

10/24/02

Wilbur Kolar

Contributor address: City: State: Zip Code

76 Paezel
Austin, TX 78746

50

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Pete Winstead

Contributor address: City: State: Zip Code

100 Congress Ave., Ste 800
Austin, TX 78701

250

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Frances Colby

Contributor address: City: State: Zip Code

2403 Nomedale Circle
Austin, TX 78704

100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Silver + House Marketing

Contributor address: City: State: Zip Code

4125 Kachina Dr.
Austin, TX 78735

100

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/21/02

Ernest Butler
Contributor address: 7601 Quotling
Austin, TX 78731

100

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)

10/24/02

James Rockett
Contributor address: 4518 James Rockett Trail
Austin, TX 78731

100

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Demenco Srion
Contributor address: 3660 Stonewall #B102
Austin, TX 78746

100

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Tom Hink
Contributor address: 512 E. Riverside #208
Austin, TX 78704

200

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24/02

Jerry Dickinson
Contributor address: 600 Congress St #200
Austin, TX 78701

100

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/23/02

Allen Lee
Contributor address; City; State; Zip Code
4800 Bull Mt. COUP
Austin, TX 78746

500-

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)

10/2/02

Ed Small
Contributor address; City; State; Zip Code
100 Congress, Ste 1100
Austin, TX 78701

200-

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/2/02

RWorbaile Hughes
Contributor address; City; State; Zip Code
3405 Simblewood Circle
Austin, TX 78703

100-

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/22/02

George Muffee
Contributor address; City; State; Zip Code
2001 Valacques
Austin, TX 78703

2000

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/2/02

Robert Ozyden
Contributor address; City; State; Zip Code
700 Winstead
Austin, TX 78703

100-

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,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Robert J. Hanks

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/23/02

5 Full name of contributor

Robert J. Knight

6 Contributor address; City; State; Zip Code

307 E. 2nd
Austin, TX 78701

7 Amount of contribution (\$)

100⁻

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/24

Full name of contributor

Jane Sibley

Contributor address; City; State; Zip Code

2210 Windsor
Austin, TX 78703

Amount of contribution (\$)

200⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/21/02

Full name of contributor

Vanessa Jeanne Housington

Contributor address; City; State; Zip Code

3663 Lost Creek
Austin, TX 78735

Amount of contribution (\$)

200⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/24/02

Full name of contributor

Timothy Churn

Contributor address; City; State; Zip Code

2023 Lakewood
Austin, TX 78734

Amount of contribution (\$)

250⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/21/02

Full name of contributor

Thomas Harmon

Contributor address; City; State; Zip Code

6101A Bullard
Austin, TX 78757

Amount of contribution (\$)

250⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

Robert G. Harts

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/2002

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

Travis Republican Women PAC

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/18/02

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

Eric A. Anderson

Contributor address; City; State; Zip Code

*10413 S IH-35
Austin, TX 78747*

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/18/2002

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

Burrell Johnston

Contributor address; City; State; Zip Code

*1108 Nuces
Austin TX 78701*

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/21/2002

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

Ed + Susan Auler

Contributor address; City; State; Zip Code

*1612 Watchell
Austin TX 78703*

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/20/02

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

Robert Clement, M.D.

Contributor address; City; State; Zip Code

*1504 Marshall Lane
Austin, TX 78703*

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Robert G. Hunt

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/02

5 Full name of contributor

Bradley Fowler

out-of-state PAC (ID#:

6 Contributor address: City; State; Zip Code

*3401 Briar Tree Creek
Austin, TX 78730*

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/17/02

Full name of contributor

Mr. or Mrs. Geo Jones

out-of-state PAC (ID#:

Contributor address: City; State; Zip Code

*7204 Bucknell Dr.
Austin, TX 78723*

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/16/02

Full name of contributor

Clayton + Susan Pederson

out-of-state PAC (ID#:

Contributor address: City; State; Zip Code

*1817 Kingshew Ridge Cove
Gladys Vista, TX 78645*

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/10/02

Full name of contributor

Floy Gary Maxwell

out-of-state PAC (ID#:

Contributor address: City; State; Zip Code

*11604 Oak Trail
Austin, TX 78753*

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/17/02

Full name of contributor

F.M. COURT, III M.D.

out-of-state PAC (ID#:

Contributor address: City; State; Zip Code

*4703 Crookway
Austin, TX 78731*

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Robert S. Hents

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/02

5 Full name of contributor

 out-of-state PAC (ID#)

Steven + Frances Reiss

6 Contributor address; City; State; Zip Code

6445 Vale St.
Alexandria VA 223127 Amount of
contribution (\$)1,000⁻8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10/15/02

Full name of contributor

 out-of-state PAC (ID#)

Kenny Dupren

Contributor address; City; State; Zip Code

3305 Northland Dr., SH100
Austin, TX 78731Amount of
contribution (\$)100⁻In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/12/02

Full name of contributor

 out-of-state PAC (ID#)

Duff + Thomas Murray

Contributor address; City; State; Zip Code

7803 Indian Ridge Dr.
Austin, TX 78737Amount of
contribution (\$)20⁻In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/17/02

Full name of contributor

 out-of-state PAC (ID#)

Ingrid Edison

Contributor address; City; State; Zip Code

PO BOX 163632
Austin, TX 78716Amount of
contribution (\$)20⁻In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/15/02

Full name of contributor

 out-of-state PAC (ID#)

John + Carol Schweitzer

Contributor address; City; State; Zip Code

4306 Longchamp
Austin, TX 78746Amount of
contribution (\$)200⁻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:

1

2 FILER NAME

Robert G. Hunts

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

Oct. 2002

7 Name of lender

Robert G. Hunts

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$75,000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

1402 San Antonio, Ste 102
Austin, TX 78701

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

Name of lender

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

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Robert G. Honts

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/9/02

Marketing Matters

6 Payee address; City; State; Zip Code
4801 Eagle Feather Dr.
Austin, TX 78735

7,105.00

8 Purpose of payment (See instructions regarding type of information required.)

Media-TV-ch.8

9 **.. Complete if direct expenditure to benefit C/OH ..**
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/10/02

Seton Motley

Payee address; City; State; Zip Code

957.27

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

Reimbursement for printing

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-16-02

Marketing Matters

Payee address; City; State; Zip Code

4801 Eagle Feather Dr.
Austin, TX 78735

7,000.00

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

Media - Radio-TV

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-17-02

Marketing Matters

Payee address; City; State; Zip Code

4801 Eagle Feather Dr.
Austin, TX 78735

5,510.00

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

Media - Radio-TV

.. 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:

2 FILER NAME

Robert G. Honts

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

10-12-02

Seton Motley

6 Payee address; City; State; Zip Code

7 Amount (\$)

185.00

8 Purpose of payment (See instructions regarding type of information required.)

Office Supply reimbursement

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

10-21-02

Austin Lumber

Payee address; City; State; Zip Code

Amount (\$)

462.99

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

Supplies for signs

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

10/24/02

Office Max

Payee address; City; State; Zip Code

Amount (\$)

32.22

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

Office Supplies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

10-22-02

Rock n. Roll Rentals

Payee address; City; State; Zip Code

5. Congress Ave.

Austin, TX 78704

Amount (\$)

47.63

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

Equipment for fundraiser

.. 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:

2 FILER NAME **Robert G. Honfs**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-9-02	5 Payee name X pedex	7 Amount (\$) 178.51
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 10-1-02	Payee name Lakeaway Printing	Amount (\$) 354.94
Payee address; City; State; Zip Code 2300 Fohmans Crossing Rd, Ste. 190 Austin, TX 78734		

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
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Date 10-22-02	Payee name Seton Motley	Amount (\$) 72.58
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 10-23-02	Payee name Marketing Matters	Amount (\$) 22,725.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Media	** 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:

2 FILER NAME

Robert G. Honts

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-25-02

5 Payee name

Gregg Perry

6 Payee address; City; State; Zip Code

7 Amount (\$)

40.78

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for supplies at Home Depot

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10-24-02

Payee name

Gary P. Nunn

Payee address; City; State; Zip Code

Amount (\$)

1,800.00

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

Entertainment at fundraisers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/24/02

Payee name

Kelley Keaton

Payee address; City; State; Zip Code

4607 Sara Drive

78721

Amount (\$)

\$ 250.00

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

Ordering Drink at Fundraising Event

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/9/02

Payee name

Renta American Express

Payee address; City; State; Zip Code

Amount (\$)

\$13,446.01

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

Payment to Renaissance Hotel for Fundraising Event

** 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

Bob Harts
1402 San Antonio, Ste 102
Austin, TX 78701

26,331.19

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement to Bob Harts for Campaign Labor

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/15/02

Waldes for Less
PO Box 180946
Austin, TX 78718

\$1,000.00

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 (\$)

10/24/02

Mary Lou Morrison
2902 Greenlee
Austin, TX 78703

\$525.00

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

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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 (\$)

10-11-02

American Express

Payee address; City; State; Zip Code

Chicago, IL 60679

1,644.00

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

Banner Signs (Go Home) Sigma

Date

Payee name

Amount (\$)

10-11-02

American Express

Payee address; City; State; Zip Code

Chicago, IL 60679

995.00

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

Cox Statesman Advertising

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

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