

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5261

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: <div style="font-size: 2em; text-align: center;">2</div>
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3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%"> <tr> <td style="width:30%">TITLE</td> <td style="width:30%">FIRST</td> <td style="width:30%">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">William</td> <td style="text-align: center;">L</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Brooks</td> <td></td> </tr> </table>	TITLE	FIRST	MI		William	L	NICKNAME	LAST	SUFFIX		Brooks		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; font-size: 1.5em;"> 02 NOV 20 11:10:38 RECEIVED CAMPAIGN FINANCE DIVISION TRAVIS COUNTY </div> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # 6 Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
TITLE	FIRST	MI												
	William	L												
NICKNAME	LAST	SUFFIX												
	Brooks													

4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%"> <tr> <td>ADDRESS / PO BOX;</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">10814 Pinkney Ln. Austin Tx 78739</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	10814 Pinkney Ln. Austin Tx 78739				
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5 CAMPAIGN TREASURER NAME	<table style="width:100%"> <tr> <td style="width:30%">TITLE</td> <td style="width:30%">FIRST</td> <td style="width:30%">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Joye</td> <td style="text-align: center;">C.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Brooks</td> <td></td> </tr> </table>	TITLE	FIRST	MI		Joye	C.	NICKNAME	LAST	SUFFIX		Brooks		This content is merged into the Office Use Only section above
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	Joye	C.												
NICKNAME	LAST	SUFFIX												
	Brooks													

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	<table style="width:100%"> <tr> <td>STREET ADDRESS (NO PO BOX PLEASE);</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">10814 Pinkney Ln. Austin, TX 78739</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	10814 Pinkney Ln. Austin, TX 78739				
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7 CAMPAIGN TREASURER PHONE	<table style="width:100%"> <tr> <td>AREA CODE</td> <td>PHONE NUMBER</td> <td>EXTENSION</td> </tr> <tr> <td></td> <td>(512) 288 6749</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION		(512) 288 6749	
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8 REPORT TYPE	<table style="width:100%"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input checked="" type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)
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9 PERIOD COVERED	<table style="width:100%"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>10</td> <td>29</td> <td>02</td> <td style="text-align: center;">THROUGH</td> <td>11</td> <td>5</td> <td>02</td> </tr> </table>	Month	Day	Year		Month	Day	Year	10	29	02	THROUGH	11	5	02
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10 ELECTION	<table style="width:100%"> <tr> <td>ELECTION DATE</td> <td>ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>11 / 5 / 02</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 5 / 02		This content is merged into the Office Use Only section above
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Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
11 / 5 / 02								

11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Travis County, Commission - Pet. #3
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13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME William L. Brooks

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William L. Brooks, this the 07 day of November, 2002, to certify which, witness my hand and seal of office.

Jessica M. Carmichael Signature of officer administering oath
Printed name of officer administering oath
Notary Republic Title of officer administering oath

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

William C. Brooks

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:

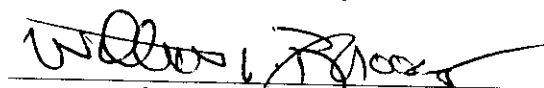
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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