

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5264

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: 10	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE IRA	FIRST J	OFFICE USE ONLY Date Received 02 DEC 30 AM 10:03 FILED TRAVIS COUNTY, TEXAS	
	NICKNAME YATES	MI J		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO BOX 90609	APT / SUITE #: AUSTIN		STATE: TEXAS
	CITY: TEXAS	ZIP CODE: 78709-0609		
5 CAMPAIGN TREASURER NAME	TITLE IRA	FIRST J	Receipt #	
	NICKNAME YATES	MI J	HD / PM	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): PO BOX 90609	APT / SUITE #: AUSTIN	STATE: TEXAS	
	CITY: TEXAS	ZIP CODE: 78709-0609	Amount	
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 2921917	Date Processed	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	
	<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)	
9 PERIOD COVERED	Month Day Year 7 / 1 / 02	THROUGH	Month Day Year 12 / 31 / 02	
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 02	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) TRAVIS County Commissioner PCT 3		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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 N/A			
	Address / PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

IRA J YATES

15 ACCOUNT # (Ethics Commission Use)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

→ This listing includes 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	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 \$ - 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 -

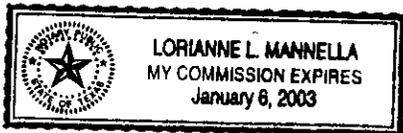
4. TOTAL POLITICAL EXPENDITURES \$ - 0 -

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 57,263.12

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.



Ira J Yates
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said IRA J YATES, this the 30th day of Dec. 2002, to certify which, witness my hand and seal of office.

Lorianne L. Mannella Lorianne L. Mannella
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1: <u>1</u>
2 FILER NAME <u>IRA J YATES</u>				3 ACCOUNT # (Ethics Commission files)
4 Date	5 Full name of contributor <u>N/A</u> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	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	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	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	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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1: 1
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2 FILER NAME IRA J YATES	3 ACCOUNT # (Ethics Commission file#)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐	\$
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5 Date	6 Full name of pledgor NONE N/A	<input type="checkbox"/> out of state PAC	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	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code				

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor	<input type="checkbox"/> out of state PAC	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	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code				

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor	<input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code				

Principal occupation (optional)	Employer (optional)
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

5 Date of loan

7 Name of lender

out of state PAC

N/A

NONE

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address: City: State: Zip Code

Y N

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address: City: State: Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Lender address: City: State: Zip Code

Y N

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address: City: State: Zip Code

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:
1

2 FILER NAME
IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name
NONE

7 Amount (\$)

6 Payee address: City: State: Zip Code

8 Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / 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: 1

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

NONE

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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: 1

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

NONE

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / 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:

2 FILER NAME

IRA J YATES

3 ACCOUNT # (Ethical Commission file #)

4 Date

5 Payee name

N/A

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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: 1

2 FILER NAME

JARA J YATES

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payor name

N/A

6 Payor address;

City: State: Zip Code

7 Reason for credit

8

Amount (\$)

Date

Payor name

Payor address;

City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address;

City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address;

City: State: Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address;

City: State: Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED