

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5337

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 <i>Robert</i>	OFFICE USE ONLY Date Received: 03 JAN 17 F 3:15 Date Hand-delivered or Date Postmarked
	NICKNAME	LAST <i>Horvath</i>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
1102 San Antonio, Ste 102		Austin, TX 78701	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <i>Mary</i>	MI
	NICKNAME	LAST <i>Kochs</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
6701 Lexington		Austin, TX 78757	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 452-3200			
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
10/27/02		THROUGH	12/31/02
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/05/02		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
		Travis County Judge	
13 NOTICE OF 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		
	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

15 ACCOUNT # (Ethics Commission form)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	Go Honts
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	1402 San Antonio, Ste 102, Austin: TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME
	Mary Kochs
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	6701 Lexington, Austin, TX 78757

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$6,705.55

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ -0-

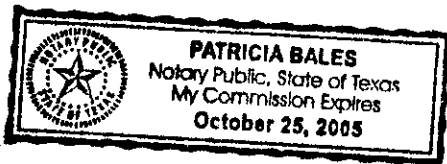
4. TOTAL POLITICAL EXPENDITURES \$69,003.09

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$92,000.00

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 J. Honts
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert J. Honts, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-3PAC, SPAC, & 3PAC-33)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

1 of 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-26-02

C. W. Wertz

Contributor address; City; State; Zip Code

1801 Laura
Austin, TX 78701-1306

\$555

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)

10-28-02

Royal Andrew Massot

Contributor address; City; State; Zip Code

6108 Back Bay Lane
Austin, TX 78739

\$200.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-27-02

John C. Allman; Ida K. Allman

Contributor address; City; State; Zip Code

3100 Rivercrest Dr.
Austin, TX 78746-1711

\$100.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-30-02

William M. George Gurasich

Contributor address; City; State; Zip Code

27 Yellow Tail Cove
Austin, TX 78745

\$500

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-29-02

Owen Talbot

Contributor address; City; State; Zip Code

PO Box 200665
Austin, TX 78720-0665

\$100.00

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 C101, C101-SS, SC-C101,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 of 4

2 FILER NAME
Robert G. Hunt

3 ACCOUNT # (Ethics Commission files)

4 Date: *11-5-02*
5 Full name of contributor: *Richard L. Tyles*
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code:
*4808 Balcones Dr.
Austin, TX 78731*

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: *11-1-02*
Full name of contributor: *Chuck Croslin*
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*6309 Northgrove
Austin, TX 78731*

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: *11-4-02*
Full name of contributor: *Peter Smith*
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*4701 Staggs Bush Rd. No. 528
Austin, TX 78749*

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: *11-4-02*
Full name of contributor: *Steve T. Matthews*
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*1717 W. 6th, Ste 292
Austin, TX 78703*

Amount of contribution (\$)

\$600.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: *10-29-02*
Full name of contributor: *Bruce W. & Robin C. Cash*
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
*4005 Island Knoll
Austin, TX 78746*

Amount of contribution (\$)

2,000.00

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 C101, C101-SS, SC-C101,
SC-3PAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages, this Schedule A1:
3 of 4

2 FILER NAME

Robert G. Honts

3 ACCOUNT # (Ethics Commission files)

4 Date

10-27-02

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

Associated Gen. Contractors of

6 Contributor address; City; State; Zip Code

*Texas-PAC
PO Box 2185
Austin, TX 78768*

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-30-02

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

Akin, Gump, Strauss, Hauer & Feld

Contributor address; City; State; Zip Code

*Texas Civic Action Committee
816 Congress Ave., Ste 1900
Austin, TX 78701*

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-31-02

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

Teneco L. Frion

Contributor address; City; State; Zip Code

*Law Office Operating Account
3600 Stoneridge Rd, # B102
Austin, TX 78746*

Amount of contribution (\$)

\$100⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-30-02

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

Christopher P. Milam

Contributor address; City; State; Zip Code

*1500 Ullrich West Dr. #63
Austin, TX 78733*

Amount of contribution (\$)

\$300⁻

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11-4-02

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

Rodolfo or Ana M. G. Rivera

Contributor address; City; State; Zip Code

*2401 Roded Dr.
Austin, TX 78727-3403*

Amount of contribution (\$)

\$750⁰⁰

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 C101, C101-SS, SC-C101,
SC-3PAC, 3PAC, & 3PAC-33)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 2 of 4

2 FILER NAME

Robert G. Horns

3 ACCOUNT # (EVEN Commission fiers)

4 Date

10-29-02

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

D. Gary Pickett or Cheryl L. Pickett
Contributor address; City; State; Zip Code
309 Ridgwood Dr.
Georgetown, TX 78628-8866

7 Amount of contribution (\$)

\$150⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-21-02

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

Rip Miller & Lee Ann Miller
Contributor address; City; State; Zip Code
PO Box 161507
Austin, TX 78716-1507

Amount of contribution (\$)

\$200⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-29-02

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

William F. Kelm
Contributor address; City; State; Zip Code
6205 Spiedbruch Cv.
Austin, TX 78759

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10-28-02

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

Stephen Bontempo
Contributor address; City; State; Zip Code
13108 Humphrey Drive
Austin, TX 78729

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11-7-02

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

Joernc Bude
Contributor address; City; State; Zip Code
6202 Shoal Creek
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

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:
One

2 FILER NAME: Robert G. Honts 3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: \$ 17,000

5 Date of loan <u>11-6-02</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob Honts</u>	9 Loan Amount (\$) <u>12,000</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <u>1402 San Antonio Street, Ste 102 Austin, TX 78701</u>	10 Interest rate <u>7.0%</u>
		11 Maturity date <u>May 7, 2003</u>

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor <u>NA</u>	16 Amount Guaranteed (\$) <u>NA</u>
15 Guarantor address; City; State; Zip Code		

17 Principal Occupation: NA 18 Employer: NA

Date of loan <u>11-13-02</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob Honts</u>	Loan Amount (\$) <u>5000</u>
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <u>1402 San Antonio Street, Ste 102 Austin, TX 78701</u>	Interest rate <u>7.0%</u>
		Maturity date <u>May 14, 2003</u>

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
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 of 8*

2 FILER NAME *Robert G. Hemels*

3 ACCOUNT # (Ethics Commission files)

4 Date
10-25-02

5 Payee name
United Rent-All
6 Payee address; City; State; Zip Code
*4300 Manchaca Rd
Austin, TX 78744*

7 Amount (\$)
19.76

8 Purpose of payment (See instructions regarding type of information required.)
Rented items for fundraisers

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

Date
10-28-02

Payee name
Dahl Creek Vineyards
Payee address; City; State; Zip Code
*1402 San Antonio
Austin, TX 78701*

Amount (\$)
193.38

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

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

Date
10-28-02

Payee name
Marketing Matters
Payee address; City; State; Zip Code
*4801 Eagle Feather Dr.
Austin, TX 78735*

Amount (\$)
14,430.00

Purpose of payment (See instructions regarding type of information required.)
Radio/TV Advertising

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

Date
10-28-02

Payee name
Republican Club of Austin
Payee address; City; State; Zip Code
*1609 Shoal Creek Blvd.
Austin, TX 78701*

Amount (\$)
15.00

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

** 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 of 8

2 FILER NAME
Robert H. Honts

3 ACCOUNT # (Ethics Commission file)

4 Date 10-28-02	5 Payee name Opinion Analysts 6 Payee address; City; State; Zip Code 406 Rio Grande Austin, TX 78701	7 Amount (\$) 879.53
--------------------	--	-------------------------

8 Purpose of payment (See instructions regarding type of information required.) Voter Lists	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 10-28-02	Payee name Michael's Payee address; City; State; Zip Code 3201 Beechwood Rd. Austin, TX 78701	Amount (\$) 82.96
------------------	---	----------------------

Purpose of payment (See instructions regarding type of information required.) Ribbon for Signs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 10-30-02	Payee name Post Master General Payee address; City; State; Zip Code 2201 Guadalupe St. Austin, TX 78712	Amount (\$) 5,490.59
------------------	---	-------------------------

Purpose of payment (See instructions regarding type of information required.) Mailing of Campaign Literature	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 10-30-02	Payee name Marketing Matters Payee address; City; State; Zip Code 41801 Eagle Scatter Dr. Austin, TX 78735	Amount (\$) 7,905.00
------------------	--	-------------------------

Purpose of payment (See instructions regarding type of information required.) Radio/TV Advertising	** 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
3 of 8

2 FILER NAME Robert J. Hunt

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/1/02

5 Payee name
JCs. Bar & Grill
6 Payee address; City, State; Zip Code
5804 N. IH-35
Austin, TX 78751

7 Amount (\$)
250⁰⁰

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

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

Date
11-14-02

Payee name
O.P.S. Printing Services
Payee address; City, State; Zip Code
2501 Water Well Lane
Austin, TX 78728

Amount (\$)
9,763.39

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

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

Date
11-5-02

Payee name
Marriott Courtyard
Payee address; City, State; Zip Code
5660 N. IH-35
Austin, TX 7875

Amount (\$)
137.35

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

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

Date
12-3-02

Payee name
Austin Lumber Co.
Payee address; City, State; Zip Code
2415 E. 5th Street
Austin, TX 78702

Amount (\$)
58.46

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

** 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:
4 of 8

2 FILER NAME
Robert A. Hents

3 ACCOUNT # (Ethics Commission file)

4 Date: 10-2002
5 Payee name: Banner Sign Graphics
6 Payee address: 630 Canyon Street
Austin, TX 78752

7 Amount (\$): 4,776.40

8 Purpose of expenditure

Signs

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

Date: 10-2002
Payee name: Alphagraphics
Payee address: 123 E. 7th
Austin, TX 78701

Amount (\$): 3,412.06

Purpose of expenditure

Invitation Printing

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

Date: 10-2002
Payee name: The Photo Guy
Payee address: 101 Autumn Lane
Dripping Springs, TX 78620

Amount (\$): 450⁰⁰

Purpose of expenditure

Wildside Photos

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

Date: _____
Payee name: _____
Payee address: _____
City: _____ State: _____ Zip Code: _____

Amount (\$): _____

Purpose of expenditure

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *5 of 8*

2 FILER NAME

Robert G. Harts

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

11-1-02

Seten Motley

6 Payee address: City: State: Zip Code
*6903 Oatmanhill Rd. #44
 Austin, TX 78745*

1,200.00

8 Purpose of expenditure

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

November Campaign Halves

Date

Payee name

Amount (\$)

11-1-02

Dustin Riggs

Payee address: City: State: Zip Code
*5408 87th Street
 Kulbuck, TX 79424*

1,195.80

Purpose of expenditure

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

November Campaign Halves

Date

Payee name

Amount (\$)

11-1-02

Gress Perry

Payee address: City: State: Zip Code
*13355 N. Hwy. 183, #1824
 Austin, TX 78750*

1,814.10

Purpose of expenditure

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

November Campaign Halves

Date

Payee name

Amount (\$)

11-1-02

Kaura Millard

Payee address: City: State: Zip Code
*3302 N. Paxon
 Austin, TX 78759*

528.57

Purpose of expenditure

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

November Campaign Halves

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *6 of 8*

2 FILER NAME *Robert J. Hunt*

3 ACCOUNT # (Ethics Commission Name)

4 Date <i>11-1-02</i>	5 Payee name <i>Mitchell Williams</i>	7 Amount (\$) <i>1,035.15</i>
6 Payee address; City; State; Zip Code <i>1517A Southwest Austin, TX 78704</i>		

8 Purpose of expenditure <i>November Campaign Labor</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date <i>11-6-02</i>	Payee name <i>Office Max</i>	Amount (\$) <i>7.21</i>
Payee address; City; State; Zip Code <i>907 W. 5th Street Austin, TX 78703</i>		

Purpose of expenditure <i>Office Supplies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date <i>11-6-02</i>	Payee name <i>Office Max</i>	Amount (\$) <i>37.61</i>
Payee address; City; State; Zip Code <i>907 W. 5th Street Austin, TX 78703</i>		

Purpose of expenditure <i>Office Supplies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date <i>11-8-02</i>	Payee name <i>Saxon Mallory</i>	Amount (\$) <i>38.69</i>
Payee address; City; State; Zip Code <i>6903 Bartonhill Dr. #44 Austin, TX 78745</i>		

Purpose of expenditure <i>Map + Camera Costs</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *7/18*

2 FILER NAME

Robert L. Hents

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

11-13-02

Dustin Riggs

6 Payee address: City: State: Zip Code

*5408 87th Street
Hulbeck, TX 79424*

1,000.00

8 Purpose of expenditure

November Campaign Labor

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

Office sought / held

Date

Payee name

Amount (\$)

11-15-02

Kaura Millard

Payee address: City: State: Zip Code

*3302 N. Pecan
Austin, TX 78759*

565.75

Purpose of expenditure

November Campaign Labor

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

Office sought / held

Date

Payee name

Amount (\$)

11-5-02

Gross Perry

Payee address: City: State: Zip Code

*13355 N. Hwy 183 # 1824
Austin, TX 78750*

1,000.00

Purpose of expenditure

November Campaign Labor

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

Office sought / held

Date

Payee name

Amount (\$)

11-15-02

Michelle Williams

Payee address: City: State: Zip Code

*1517 A Southport
Austin, TX 78704*

920.40

Purpose of expenditure

November Campaign Labor

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

Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F
8 of 8

2 FILER NAME *Robert S. Hentz*

3 ACCOUNT # (Ethics Commission file)

4 Date <i>12-2-03</i>	5 Payee name <i>Gregg Perry</i>	7 Amount (\$) <i>645.00</i>
6 Payee address; City; State; Zip Code <i>13355 N. Hwy 183, #1824 Austin, TX 78750</i>		

8 Purpose of expenditure
November Campaign Labor

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

Date <i>12-2-02</i>	Payee name <i>Dustin Riggs</i>	Amount (\$) <i>471.16</i>
Payee address; City; State; Zip Code <i>5408 87th Street Hullock, TX 79424</i>		

Purpose of expenditure
November Campaign Labor

-- 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1 of 5**

2 FILER NAME

Robert L. Hentz

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-29

5 Payee name

Sprint PCS

6 Payee address; City; State; Zip Code

*PO Box 219713
Kansas City, MO 64101*

8 Amount (\$)

10.80

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

Cell phone for campaign

Reimbursement from political contributions intended

Date

10-29

Payee name

Bob Hentz

Payee address; City; State; Zip Code

*1402 San Antonio, Ste 102
Austin, TX 78701*

Amount (\$)

150.00

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

Vehicle Mileage

Reimbursement from political contributions intended

Date

10-29

Payee name

C.T.W.P.

Payee address; City; State; Zip Code

*1500 Motric Blvd, M4, Ste 420
Austin, TX 78758*

Amount (\$)

300.00

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

Xerox Copies

Reimbursement from political contributions intended

Date

10-29

Payee name

Office Max

Payee address; City; State; Zip Code

*907 W. 5th Street
Austin, TX 78703*

Amount (\$)

81.66

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

Office Supplies

Reimbursement from political contributions intended

Date

10-29

Payee name

Auto. Investments

Payee address; City; State; Zip Code

*1402 San Antonio Street
Austin, TX 78701*

Amount (\$)

77.71

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

Office Rent

Reimbursement from political contributions intended

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: <u>20/25</u>
2 FILER NAME: <u>Robert J. Hunt</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date: <u>10/29</u>	5 Payee name: <u>One Beacon</u> 6 Payee address; City; State; Zip Code: <u>One Beacon Street Boston, MA 02108</u> 7 Purpose of expenditure (See instructions regarding type of information required.): <u>Office Insurance</u>	8 Amount (\$): <u>20.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
----------------------	--	--

Date: <u>10/29</u>	Payee name: <u>Josh Beles</u> Payee address; City; State; Zip Code: <u>4403 Travis Country Circle Austin, TX 78735</u> Purpose of expenditure (See instructions regarding type of information required.): <u>Campaign Sales</u>	Amount (\$): <u>166.67</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------	---	---

Date: <u>10/29</u>	Payee name: <u>Web sites for Res.</u> Payee address; City; State; Zip Code: <u>PO Box 180946 Austin, TX 78718</u> Purpose of expenditure (See instructions regarding type of information required.): <u>Quarterly maintenance expense</u>	Amount (\$): <u>1,000.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------	---	---

Date: <u>10/29</u>	Payee name: <u>City of Austin</u> Payee address; City; State; Zip Code: <u>PO Box 2267 Austin, TX 78783</u> Purpose of expenditure (See instructions regarding type of information required.): <u>Office Electricity</u>	Amount (\$): <u>48.05</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------	--	--

Date: <u>10/29</u>	Payee name: <u>Chiles Investments</u> Payee address; City; State; Zip Code: <u>1402 San Antonio Street Austin, TX 78701</u> Purpose of expenditure (See instructions regarding type of information required.): <u>Office Rent</u>	Amount (\$): <u>472.23</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------	---	---

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
3075

2 FILER NAME *Robert G. Hunt* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10-29</i>	5 Payee name <i>Angela Miller</i> 6 Payee address; City; State; Zip Code <i>13028 Lakeview Dr. Austin, TX 78732</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Book Keeping expense</i>	8 Amount (\$) <i>157.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	---

Date <i>10-29</i>	Payee name <i>Dachhound Toys</i> Payee address; City; State; Zip Code <i>916 E. Koenig Austin, TX 78751</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Shipping expense</i>	Amount (\$) <i>18.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
----------------------	--	--

Date <i>10-29</i>	Payee name <i>Office Max</i> Payee address; City; State; Zip Code <i>407 W. 5th Austin, TX 78703</i> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <i>13.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
----------------------	--	--

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

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: **40/5**

2 FILER NAME

Robert S. Hunt

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Seven Motely

8 Amount (\$)

10-29-02

6 Payee address; City; State; Zip Code

**6903 Deatonwood Rd. #44
Austin, TX 78745**

1,200⁰⁰

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

October Campaign Huber

Reimbursement from political contributions intended

Date

Payee name

Kaura Millard

Amount (\$)

10-29-02

Payee address; City; State; Zip Code

**3303 N. Pecan
Austin, TX 78759**

375⁰⁰

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

October Campaign Huber

Reimbursement from political contributions intended

Date

Payee name

Dish Balas

Amount (\$)

10-29-02

Payee address; City; State; Zip Code

**4403 Travis County Circle
Austin, TX 78735**

166.67

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

October Campaign Huber

Reimbursement from political contributions intended

Date

Payee name

Austin Centro

Amount (\$)

10-24-02

Payee address; City; State; Zip Code

**1402 San Antonio, Ste 102
Austin, TX 78701**

2,000.00

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

Polling + Research

Reimbursement from political contributions intended

Date

Payee name

Michelle Williams

Amount (\$)

10-29-02

Payee address; City; State; Zip Code

**1517 R Southport
Austin, TX 78704**

937.92

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

October Campaign Huber

Reimbursement from political contributions intended

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: 5 of 5

2 FILER NAME

Robert J. Hunt

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Quotin Riggs

6 Payee address; City; State; Zip Code

*5408 87th Street
Gulblock, TX 70424*

8 Amount (\$)

75.25

10-24-02

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

October Campaign Labor

Reimbursement from political contributions intended

Date

Payee name

Dress Perry

Payee address; City; State; Zip Code

*13355 N. Hwy. 183 # 1824
Austin, TX 78750*

Amount (\$)

1,108.71

10-29-02

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

October Campaign Labor

Reimbursement from political contributions intended

Date

Payee name

Texas Redwood, INC

Payee address; City; State; Zip Code

*3300 Samplers
Austin, TX 78702*

Amount (\$)

1,619.40

12-11-02

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

Hummer-Stackes for Signs

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED