

**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  
JEFFREY W  
NICKNAME LAST SUFFIX  
JEFF HILL

OFFICE USE ONLY

Date Received

FILED FOR RECORD  
2003 JUN - 23 PM 1:25  
DANIEL J. BAUVOIR  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
6814 COMANCHE TR.  
AUSTIN TX 78732

Change of Address

Date Hand-dated or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
JUDY A  
NICKNAME LAST SUFFIX  
HILL

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
6814 COMANCHE TR.  
AUSTIN TX 78732

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) ~~266~~ 689-5045

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  
01 / 01 / 03 THROUGH 7 / 15 / 03

10 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known)

NONE

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

NONE

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Jeff Hill*

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

OUTSTANDING LOAN TOTALS

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

\$

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.

*Jeff Hill*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeffrey Hill this the 3rd day of June, 2003, to certify which, witness my hand and seal of office.

*Vickie M. Alanis*  
Signature of officer administering oath

Vickiem. Alanis  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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)

6 Contributor address; City; State; Zip Code

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)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

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

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

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

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

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

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

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

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

Principal occupation (optional)	Employer (optional)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:      \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y      N	8 Lender address:      City,      State;      Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral  
 none

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

17 Principal Occupation      18 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?  Y      N	Lender address:      City,      State;      Zip Code	Interest rate
		Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  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 **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>7</b> Amount (\$)
	<b>6</b> Payee address: City, State, Zip Code	

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

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

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

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

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

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule G:

**2** FILER NAME

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

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address: City: State: Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

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

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

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

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages Schedule I:

**2** FILER NAME

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

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address: City, State, Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder