

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5449

FORM C/OH
COVER SHEET PG 1

<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed. 27 28</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>TITLE: Ms. FIRST: Jan NICKNAME: LAST: Soifer</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> CLERK OF COURTY CLERK TRAVIS COUNTY TEXAS 2003 JUN 15 PM 3:35 FILED FOR RECORD </p>	
<p>4 CANDIDATE / OFFICEHOLDER ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p>P.O. BOX 2163 AUSTIN TX 78768</p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>TITLE: Mr. FIRST: Richard NICKNAME: LAST: Peña</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE</p> <p>2028 E. Ben White, Suite 220 Austin, Tx. 78741</p>	
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>AREA COOF PHONE NUMBER EXTENSION</p> <p>(512) 327-6884</p>		
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>8 REPORT TYPE</p> <p> <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 checked="" 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) </p>		
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p>06 / 06 / 03 06 / 30 / 03</p>		
<p>10 ELECTION</p>	<p>ELECTION DATE Month Day Year</p> <p>03 / 02 / 04</p>	<p>ELECTION TYPE</p> <p> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </p>	
<p>11 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>12 OFFICE SOUGHT (if known)</p> <p>Judge, 200th District Ct, Travis County, TX</p>	
<p>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<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>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

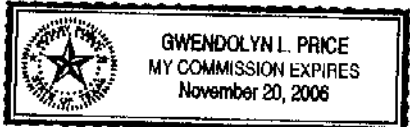
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filer)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE NAME
		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)	\$ 40,995
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,565
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Seiser, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Gwendolyn L. Price
 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/03	Barron & Newburger, PC 6 Contributor address; City; State; Zip Code 1212 Guadalupe Suite #104 Austin, Tx. 78701-1801	\$250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	T.B. Hudson Jr. Contributor address; City; State; Zip Code 3205 Desert Willow Cv. Austin, Tx. 78735-1537	\$250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/20/03	Chamberlain • McHaney Contributor address; City; State; Zip Code 301 Congress Ave. Suite 1800 Austin, Tx. 78701	\$500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Bm ^c PAC Contributor address; City; State; Zip Code State III Congress Ave. Suite 1400 Austin, Tx. 78701	\$1,000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Barron, Adler, & Anderson L.L.P. Contributor address; City; State; Zip Code 808 Nueces Street Austin, Tx. 78701	\$250.00	
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 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 6/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary A. Keeney 6 Contributor address; City; State; Zip Code 2701 Verde Vista Austin, TX. 78703	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John M. Harmon Contributor address; City; State; Zip Code 515 Congress Ave Suite 2300 Austin TX. 78701	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. John Schenkken & Mrs. Frances Schenkken Contributor address; City; State; Zip Code 3308 Bowman Austin, TX. 78703	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John J. Mike McKetta III Contributor address; City; State; Zip Code 4200 Park Hollow Court Austin, TX. 78746	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wiseman, Durst, Owen, & Colvin, P.C. Contributor address; City; State; Zip Code 1004 West Ave. Austin, TX 78701	Amount of contribution (\$) \$ 100.00	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 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)

6/30/03

The Rusk Law Firm, P.C.
Contributor address; City; State; Zip Code
910 Lavaca
Austin, TX 78701

\$1,000.00

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)

6/30/03

Reagan & Juarez, L.L.P.
Contributor address; City; State; Zip Code
702 Rio Grande Street
Austin, TX 78701

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/30/03

R. Bruce LaBoon
Contributor address; City; State; Zip Code
600 Travis Ste. 3500
Houston, TX 77002-3095

\$1,000.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/26/03

Baker Botts Amicus Fund
Contributor address; City; State; Zip Code
910 Louisiana St. Ste. 3000
Houston, TX 77002-4908

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/30/03

John L. Hill
Contributor address; City; State; Zip Code
3202 Huntington Place
Houston, TX 77019

\$500.00

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 C/OH, C/OH-SS, SC-C/DH,
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 files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/03	Rob Wiley Contributor address; City; State; Zip Code 3400 Chasetower Houston, Tx. 77002	\$250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/03	Paul E. or Amy N. Clift Contributor address; City; State; Zip Code 10302 Echo Ridge, Dr. Austin, Tx. 78750	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Emily C. Jones Contributor address; City; State; Zip Code 3007 Fontana Dr. Austin, Tx. 78704	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Karen L. Watkins Contributor address; City; State; Zip Code 9005 Heiden Austin, Tx. 78739	\$500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Michael W. Fox Contributor address; City; State; Zip Code 904 Yaupon Valley Rd. Austin, Tx. 78746	\$250.00	
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 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 <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/28/03	Vincent J. Hess & Patricia M. Hess 6 Contributor address; City; State; Zip Code 8482 Forest Hills Blvd. Dallas, TX. 75218	\$35.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Janice Pierce Contributor address; City; State; Zip Code 4406 Deepwoods Dr. Austin, TX. 78731	\$50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Martha C. Vogel & John W. Vinson Contributor address; City; State; Zip Code 1803 Ridgemont Dr. Austin, TX. 78723	\$200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Cathy Schechter Contributor address; City; State; Zip Code 6519 Ladera Norte Austin, TX. 78731	\$100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Van's Real Estate Partnership Contributor address; City; State; Zip Code 8701 Research Blvd. Austin, TX. 78758	\$500.00	
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 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/03	Hughes & Luce, L.L.P. 6 Contributor address: City: State: Zip Code 1717 Main St. Suite 2800 Dallas, TX 75201	\$1,000. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Bracewell & Patterson Committee Contributor address: City: State: Zip Code 711 Louisiana, Ste. 2900 Houston, TX 77002-2781	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Barry C. Barnett Contributor address: City: State: Zip Code 4511 Arcady Dallas, TX 75205	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/19/03	Thompson & Knight Contributor address: City: State: Zip Code 1760 Pacific Ave. Ste. 3300 Dallas, TX 75201	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Gray Cary Ware & Freidenrich Contributor address: City: State: Zip Code 401 B. Street, Suite 2000 San Diego, CA 92101-4240	\$500. 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 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 <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/03	Mr. or Mrs. Thomas M. Pollen 6 Contributor address; City; State; Zip Code 2908 Dover Place Austin, TX. 78757	\$100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/03	Eliabeth Settle Haney Contributor address; City; State; Zip Code 1913 Cypress Pointe East Austin, Tx. 78746	\$10.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	R. Michael Anderson Contributor address; City; State; Zip Code 2521 Jarratt Ave. Austin, TX 78703	\$50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Denise V. Cheney Contributor address; City; State; Zip Code 251 Pioneer Trail P.O. Box 886 Dripping Springs, TX. 78620	\$50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Bruce Wasinger Contributor address; City; State; Zip Code 1754 Channel Rd. Austin, TX. 78746	\$50.00	
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 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 <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/03	Linda or David Mendez 6 Contributor address; City; State; Zip Code 4401 Sacred Arrow Dr. Austin, Tx. 78735	\$100. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Douglas G. Caroom Contributor address; City; State; Zip Code 3704 Greenway St. Austin, Tx. 78705	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Jo Lyn Kallison + James M. Kallison Jr. Contributor address; City; State; Zip Code 2202 Port Royal Dr. Austin, Tx. 78746	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Douglas A. Fohn Contributor address; City; State; Zip Code 5604 Southwest Pkwy Apt. # 3218 Austin, Tx. 78735	\$50. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
/	Kristine or Dan Patrick Contributor address; City; State; Zip Code 16703 Falcon Ridge Austin, Tx. 78733		
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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/03	Stephen Fogel 6 Contributor address: City: State: Zip Code 5806 Sierra Madre Austin, TX. 78759-3924	\$100. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/03	B.C. or G.L. Lockhardt Contributor address: City: State: Zip Code 7206 Foxtree Cove Austin, TX. 78730	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Myra A. & Ruben R. McDaniel Jr. Contributor address: City: State: Zip Code 3910 Knollwood Dr. Austin, TX. 78731	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Savrick, Schumann, Johnson & McGarr Contributor address: City: State: Zip Code 2901 Bee Caves Rd. Austin, TX. 78746	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Fred E. Davis Contributor address: City: State: Zip Code 9442 Capital of TX. Hwy. Austin, TX. 78739	\$500. 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 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 files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/03	Larry F. York & Peggy E. Bradley 6 Contributor address; City; State; Zip Code 3501 Mount Barker Dr. Austin, TX. 78731	\$250. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Wright & Greenhill, P.C. Contributor address; City; State; Zip Code 221 West 6 th St., Suite 1800 Austin, TX. 78701	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/29/03	Fanet Soifer Contributor address; City; State; Zip Code 729 Highgrove Park Houston, TX. 77024	\$1,000. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Robert L. Frachtman, M.D. & Sherrie L. Frachtman Contributor address; City; State; Zip Code 5400 Hurlock Dr. Austin, TX. 78731	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/03	Paul M. & Jeri R. Saper Contributor address; City; State; Zip Code 4633 Far West Blvd. Austin, TX. 78731	\$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 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 files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/30/03	David I. Kuperman 6 Contributor address; City; State; Zip Code 811 Barton Springs Rd., Ste. 730 Austin, TX. 78704	250. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Susan D. or Rick M. Albers Contributor address; City; State; Zip Code 2140 Barton Hills Dr. Austin, TX. 78704	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Jennifer Lea Mathis Contributor address; City; State; Zip Code 2801 Horseshoe Bend Cove Austin, TX. 78704	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Law Offices of Richard Perry, P.C. Contributor address; City; State; Zip Code 2028 E. Ben White, Suite 220 Austin, TX. 78741	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Richard E. Gray III Contributor address; City; State; Zip Code 900 West Avenue Austin, TX. 78701	\$250. 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 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/26/03	Law Offices of Longley & Maxwell L.L.P. 6 Contributor address; City; State; Zip Code P.O. Box 12667 Capital Station Austin, TX. 78711	\$500. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/03	John R. Jones Contributor address; City; State; Zip Code 2305 Alan Duncan Ln. El Paso, TX. 79936	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Merica & Bourland PC, Operating Contributor address; City; State; Zip Code 400 W. 13th St., Suite 600 Austin, TX. 78701	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/03	Richard ^{Pena} Carolyn Malley Pena Contributor address; City; State; Zip Code 107 Top o' the Lake Austin, TX. 78734	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	K-PAC Contributor address; City; State; Zip Code 201 Main St., Ste. 2500 Fort Worth, TX. 76102	\$500. 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 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/25/03	Edwin R. De Young 6 Contributor address; City, State, Zip Code 2200 Ross Ave. Suite 2200 Dallas, TX. 75201	\$250. ⁰⁰	

9 Principal occupation (Optional) 10 Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/23/03	Jenkins + Gilchrist SPAC Contributor address; City, State, Zip Code 1445 Ross Ave, Suite 3200 Dallas, TX. 75202-2711	\$1,000. ⁰⁰	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/23/03	Ben Barnes Contributor address; City, State, Zip Code 98 San Jacinto Blvd. Suite 250 Austin, TX. 78701	\$1,000. ⁰⁰	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/20/03	Hance Scarborough Wright Terry Scarborough Woodward Contributor address; City, State, Zip Code 111 Congress Ave #500 Austin, TX. 78701	\$500. ⁰⁰	

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	E.P. O'Connell Contributor address; City, State, Zip Code 3822 Spicewood Springs Rd. Austin, TX. 78759	\$1,000. 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 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 <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/26/03	John Schwartz Contributor address: City: State: Zip Code: 110 Parkwood Court Austin, TX 78746	\$500. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/03	Karen H. & Roland G. Garcia Jr. Contributor address: City: State: Zip Code: 46 E. Rivercrest Dr. Houston, TX 77042	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	B. B. Hawley Contributor address: City: State: Zip Code: 100 Congress Ave. Ste. 300 Austin, TX 78701	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/03	Jerry K. Clements Contributor address: City: State: Zip Code: 16330 Amberwood Rd. Dallas, TX 75248	\$250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Don M. Glendenning Contributor address: City: State: Zip Code: 2200 Ross Ave. Suite 2200 Dallas, TX 75201	\$250. 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 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 6/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John S. "Chip" Rainey 6 Contributor address: City: State: Zip Code 100 Congress Ave. Suite 300 Austin, TX. 78701	7 Amount of contribution (\$) \$250. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr or Mrs. R.S. Maishin Contributor address: City: State: Zip Code 4503 Eby Ln. Austin, TX. 78731	Amount of contribution (\$) 100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric or Judy Soslaw Contributor address: City: State: Zip Code 7301 Fireoak Dr. Austin, TX. 78759-4563	Amount of contribution (\$) \$50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: I.B. or Judith Helburn Contributor address: City: State: Zip Code 5914 Highland Hills Dr. Austin, TX. 78731	Amount of contribution (\$) \$100. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/24/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David or Cindy Goldstein Contributor address: City: State: Zip Code 7503 Valburn Dr. Austin, TX. 78731	Amount of contribution (\$) \$100. 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 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 files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/24/03	Kator Parks + Weiser PLLC 6 Contributor address; City; State; Zip Code 812 San Antonio St. Ste 100 Austin, TX. 78701	\$250. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/03	Niemann + Niemann LLP Contributor address; City; State; Zip Code 1122 Colorado Street, Suite 313 Austin, TX. 78701	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/25/03	Popp + Ikard LLP Contributor address; City; State; Zip Code 402 West 7th Street Austin, TX. 78701	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/24/03	William N. or Carrin M. Patman Contributor address; City; State; Zip Code 1601 Rio Grande St., Suite 450 Austin, TX. 78701-1149	\$1,000. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/20/03	Vinson + Elkins Texas Contributor address; City; State; Zip Code 2300 First City Tower Houston, TX. 77002-6160	\$1,000. 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 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 6/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Strasburger + Price, L.L.P.-Austin 6 Contributor address; City; State; Zip Code 600 Congress Ave. Austin, TX, 78701	7 Amount of contribution (\$) \$500. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allensworth + Porter, L.L.P. Contributor address; City; State; Zip Code 620 Congress Ave. Ste. 100 Austin, Tx. 78701-3229	Amount of contribution (\$) \$250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taylor + Dunham L.L.P. Contributor address; City; State; Zip Code 327 Congress Ave. Ste 600 Austin, TX 78701	Amount of contribution (\$) \$500. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heath, Davis + McCalla, P.C. Contributor address; City; State; Zip Code 200 Perry Brooks Bldg. 720 Brazos Austin, TX. 78701	Amount of contribution (\$) \$250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Locke Liddell + SAPP LLP PAC Contributor address; City; State; Zip Code 600 Travis, suite 3400 Houston, TX. 77002	Amount of contribution (\$) \$5,000. 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 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 tiers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/16/03	Tommy Jacks, P.C. 6 Contributor address; City; State; Zip Code 111 Congress Ave., Ste 1010 Austin, TX. 78701-4043	\$2,500. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/18/03	Susan A. Kidwell Contributor address; City; State; Zip Code 1832 Dapplegrey Ln Austin, Tx. 78727	\$100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/03	Sharon Shawn Jamail Contributor address; City; State; Zip Code 3002-A 3002-A Maywood Circle Austin, Tx. 78703	\$1,000. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/17/03	Michael Shaunnessy, Att., P.C. Contributor address; City; State; Zip Code 114 West 7th St. 1000 Norwood Tower Austin, TX. 78701	\$500. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/5/03	Strasburger & Price, LLP - Austin Contributor address; City; State; Zip Code 600 Congress Ave. Austin, TX. 78701	\$500. 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 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 <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/9/03	Raymond C. Winter 6 Contributor address; City; State; Zip Code 901 Mountain View Dr. Pflugerville, TX. 78660-4743	\$ 50. ⁰⁰	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Joseph C. Parker Jr. Contributor address; City; State; Zip Code 5918 Lookout Mountain Dr. Austin, TX. 78731	\$ 100. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/03	Delaine Ward Contributor address; City; State; Zip Code 1613 Chesterwood Cove Austin, TX 78746	\$ 250. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/06/03	Jan Soifer + Patrick O'Connell Contributor address; City; State; Zip Code 5408 Hurlock Dr. Austin, TX 78731	\$ 1,000. ⁰⁰	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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.

PLEDGED 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#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
6/30/03	Alexander Dubose E15 Congress Ave. Ste. 1720 Austin, TX. 78701	\$250. ⁰⁰	
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
6/30/03	Amburst & Brown 100 Congress Ste 1300 Austin, TX 78701	\$500. ⁰⁰	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
6/24/03	Bell Turney 823 Congress Ave Ste. 706 Austin, TX 78701	\$2,500. ⁰⁰	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
6/23/03	Burns Anderson 7804 Bell Mountain Dr. Austin, TX 78730	\$1,000. ⁰⁰	
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
6/30/03	Cantilo & Bennett 7501 N. Capital of Tx. Hwy Bldg. C Suite 200 Austin, TX. 78731	\$500. 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.

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)
6/18/03	Chamberlain McHaney 7 Pledgor address: City, State, Zip Code 301 Congress, Ste 1800 Austin, TX 78701	\$500. ⁰⁰	
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)
6/24/03	Julie Ford Pledgor address: City, State, Zip Code 823 Congress, Ste. 706 Austin, TX. 78701	\$250. ⁰⁰	
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)
6/30/03	Fritz Byrne Pledgor address: City, State, Zip Code 98 San Jacinto Blvd. Ste. 200D Austin, TX. 78701	\$250. ⁰⁰	
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)
6/30/03	Fullbright & Jaworski Pledgor address: City, State, Zip Code 600 Congress Ste. 2400 Austin, TX. 78701	\$500. ⁰⁰	
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)
6/30/03	David George Donaldson Pledgor address: City, State, Zip Code 1100 Norwood Tower, 114 W. THSE Austin, TX. 78701	\$250. 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.

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 Name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
6/18/03	Lawyers of Graves Dougherty 7 Pledgor address; City, State; Zip Code 515 Congress, Ste 2300 Austin, TX 78701	\$900.00	
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)
6/30/03	Jackson Walker Pledgor address; City, State; Zip Code 100 Congress Ste 1100 Austin, TX, 78701	\$1,000.00	
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)
6/30/03	Kemp Smith Pledgor address; City, State; Zip Code 816 Congress Ave., Ste. 1650 Austin, Tx. 78701	\$250.00	
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)
6/20/03	Law. Office of Leslie Hume Pledgor address; City, State; Zip Code 703 W 10th Austin, Tx 78701	\$250.00	
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)
6/30/03	McGinnis Luchridge Lin. Hughes Pledgor address; City, State; Zip Code 919 Congress 1300 Capital Congress Austin, TX 78701 Center	\$150.00	
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.

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 files)
4 TOTAL OF UNITEMIZED PLEDGES: ↘ ↘ ↘ ↘ ↘ ↘			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Menicucci		8 Amount of pledge (\$) \$100.00
6/30/03	7 Pledgor address; City; State; Zip Code 1303 San Antonio St. Austin, TX 78701		9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Merica + Bourland		Amount of pledge (\$) \$250.00
6/24/03	Pledgor address; City; State; Zip Code 1303 San Antonio St. Austin, TX 78701		In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy + Steve Mitchell		Amount of pledge (\$) \$50.00
6/30/03	Pledgor address; City; State; Zip Code 600 Congress Ave # 2400 Austin, TX 78701		In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Munsch Hart		Amount of pledge (\$) \$250.00
6/30/03	Pledgor address; City; State; Zip Code 600 Congress Ave Ste. 2010 Austin, TX 78701		In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Osborne + Helman		Amount of pledge (\$) \$250.00
6/30/03	Pledgor address; City; State; Zip Code 301 Congress, Ste. 1970 1910 Austin, TX 78701		In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 6/18/03	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Perlmutter + Schuelke	8 Amount of pledge (\$) \$250.⁰⁰	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 111 Congress, Ste. 1070 Austin, TX. 78701			

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

Date 6/23/03	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Harry Potter	Amount of pledge (\$) \$250.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 1717 W. 6th St. Austin, TX. 78701			

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

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

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

Date 6/30/03	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Bev. Reeves + Neil Iscoe	Amount of pledge (\$) \$250.⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

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

Date 6/23/03	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Bradley Seals	Amount of pledge (\$) \$250.⁰⁰	In-kind description (if applicable)
Pledgor 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#: _____) <i>Anne Wynne</i> 7 Pledgor address; City; State; Zip Code <i>4601 Spicewood Springs Rd.</i> <i>Austin Tx. 78701</i>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 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 6/24/03	5 Payee name Susan Harry 6 Payee address; City, State, Zip Code PO BOX 300688 AUSTIN TX 78703	7 Amount (\$) \$1,500.00
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
Date 6/18/03	Payee name U.S. Post Master Payee address; City, State, Zip Code 510 GUADALUPE ST. AUSTIN TX 78701	Amount (\$) \$65.00
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 Payee address; City, State, Zip Code	Amount (\$)
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 Payee address; City, State, Zip Code	Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED