

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5688

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

MS / MRS / MR FIRST MI
TODD
NICKNAME LAST SUFFIX
RADFORD

OFFICE USE ONLY

Date Received
MAR - 1 PM 1:50
COUNTY CLERK
TRAVIS COUNTY TEXAS
RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
205 SAILOR'S RUN
AUSTIN TX 78734

Change of Address

Date Handled Date Estimated

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 801-6633 or 2615436

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
JOHN
NICKNAME LAST SUFFIX
RICKARSON

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
12406 TOMANET TRAIL AUSTIN TX 78758

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 830-5265 or 801-6633

9 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)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
2 / 10 / 04 THROUGH 2 / 28 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 9 / 04 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

-

13 OFFICE SOUGHT (if known)

SUGLIFF

14 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

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

26,847.

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7559.²⁵

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

20,681.³³

OUTSTANDING LOAN TOTALS

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

\$

0

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Anthony Radford, this the 15th day of March, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Laura Gonzales
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME:		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TY RANVON	7 Amount of contribution (\$) 1,000.	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3500 Rip Ford Austin TX 78732			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK DOWNER	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3824 Erickson Trail Austin TX 78732			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pam Ruiz	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 300 CUMBERLAND AUSTIN TX 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WHITNEY OLSEN	Amount of contribution (\$) 5,000.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 9006 E. Camino Del Santo SCOTTSDALE, ARIZONA 85260			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Williams	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6205 CannonLeague AUSTIN TX 78745			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/18	Brian Roach 812 San Antonio Austin TX 78701	250.	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18	James Brilliant 144 World of Tennis Austin TX 78738	100.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18	Abbey Murcen 103 Coxa Bella Cove Austin TX 78734	250.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23	Sam Rife 3232 Crystal Park San Antonio TX 78259	250.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/20	Ronnie Newbern, Jr. 1713 Lone Hour Cove Austin TX 78734	100.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<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>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN T'KACH 6 Contributor address: City: State: Zip Code P.O. Box 7146 WASHINGTON, DC, 20014	7 Amount of contribution (\$) 100.	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DENNIS NELSON Contributor address: City: State: Zip Code 140 REINHARDT GREEN BAY, WI, 54303	Amount of contribution (\$) 1,000.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ARLON MUELLER Contributor address: City: State: Zip Code 605 W. 10 th AUSTIN TX 78701	Amount of contribution (\$) 250.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARIL M'CLIMMON Contributor address: City: State: Zip Code 905 Rio Grande AUSTIN TX 78701	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT KUITN Contributor address: City: State: Zip Code 603 WEST 8th AUSTIN TX 78701	Amount of contribution (\$) 500.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
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)		
2/25	BERRY BRACKWELL Contributor address: City: State: Zip Code 1306 NUCCES AUSTIN TX 78701	100.			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2/25	MARK DOWNER Contributor address: City: State: Zip Code 3824 ELLERSON TRAIL AUSTIN TX 78732	100.			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2/25	BRUCE MILLER Contributor address: City: State: Zip Code 3316 CANTERA WAY ROUND ROCK TX 78681	100.			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2/25	RICHARD WIRKENBACH Contributor address: City: State: Zip Code 2310 MIRAMAR COVE ROUND ROCK, TX 78664	100.			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2/25	SANDRA RITZ Contributor address: City: State: Zip Code 1104 NUCCES AUSTIN TX 78701	100.			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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 A

The INSTRUCTOR GUIDE explains how to complete this form.

1 Total pages Schedule A:

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)

2/25

6 Contributor address: City: State: Zip Code

John Lipscomb
8236 Summercove
Austin TX 78759

100.

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/21

Contributor address: City: State: Zip Code

John Kuen
602 W. 8th Austin TX
78701

250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/25

Contributor address: City: State: Zip Code

Mohammad Assadi
9508 N IH25 Austin TX
78753

1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Donna Parsons

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25

5 Full name of contributor

Sandra Rice

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$

8 In-kind contribution description (if applicable)

\$300.
FOOD & BEVERAGES FOR FUNDRAISER

6 Contributor address; City; State; Zip Code

902 Rio Grande
Austin TX 78701

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/21

Full name of contributor

MIKE BRAVE

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$11,478.⁰¹
Commercial PRODUCTION

Contributor address; City; State; Zip Code

3209 SOUTH POINTE COURT
EAGLE CLAIRE, WI 54701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21

Full name of contributor

RICK WOLD

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$4019.⁰⁰
Commercial PRODUCTION

Contributor address; City; State; Zip Code

2904 MOON AVE.
EAGLE CLAIRE, WI. 54701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

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 / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
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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 / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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 / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 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	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 2/13	5 Payee name TRAVIS COUNTY Democratic Party 6 Payee address: City: State: Zip Code. 100 W. MILK AUSTIN TX 78701	7 Amount (\$) 500.
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISEMENT IN PAPER.		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 2/13	Payee name PAUL DORN Payee address: City: State: Zip Code RT 1 BX 473-A Tatum, TX 75691	Amount (\$) 200.
Purpose of payment (See instructions regarding type of information required.) PROMOTIONAL Commission		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 4/13	Payee name Home Depot Payee address: City: State: Zip Code 2600 FM 620 South Austin TX 78738	Amount (\$) 139. ⁷²
Purpose of payment (See instructions regarding type of information required.) SIGN POSTING MATERIAL		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 2/15	Payee name Home Depot Payee address: City: State: Zip Code 3000 FM 620 South Austin, TX 78738	Amount (\$) 227. ¹⁴
Purpose of payment (See instructions regarding type of information required.) SIGN POSTING MATERIAL		<small>** Complete if direct expenditure to benefit C/OH **</small> 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/16

5 Payee name
HOME DEPOT
6 Payee address: City: State: Zip Code
3600 FM 620 SOUTH
AUSTIN TX 78738

7 Amount (\$)
121.29

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

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

Date
2/20

Payee name
HEWITT CAMPAIGNS
Payee address: City: State: Zip Code
100 RIO GRANDE 2ND FLR, AUSTIN, TX 78701

Amount (\$)
100.

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

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

Date
2/25

Payee name
HOME DEPOT
Payee address: City: State: Zip Code
3600 FM 620 SOUTH
AUSTIN TX 78738

Amount (\$)
136.17

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

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

Date
2/25

Payee name
R.B.H.
Payee address: City: State: Zip Code
P.O. Box 2382 AUSTIN TX 78768

Amount (\$)
6,000.

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

-- 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 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 files)

4 Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule H:

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:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1	Total pages Schedule I
2 FILER NAME		3	ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name 6 Payee address: City, State, Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)		8 Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file #)

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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED