

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5690

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 <i>CELIA ISRAEL</i>	FIRST <i>ISRAEL</i>	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <i>815-A BRAZOS #230</i>	APT / SUITE #;	CITY; <i>#230</i>	STATE;	ZIP CODE <i>78701</i>
<input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked 2004 FEB 28 2 51:05 PM COUNTY CLERK TRAVIS COUNTY TEXAS				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>469-0350</i>	EXTENSION
6 CAMPAIGN TREASURER NAME:		MS / MRS / MR <i>CELIA ISRAEL</i>	FIRST <i>ISRAEL</i>

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <i>3504 UVALDE DR.</i>	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE		AREA CODE <i>(512)</i>	PHONE NUMBER <i>469-0350</i>	EXTENSION	

9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<i>1</i>	<i>30</i>	<i>04</i>		<i>2</i>	<i>28</i>	<i>04</i>

11 ELECTION	ELECTION DATE Month <i>3</i>	Day <i>9</i>	Year <i>04</i>	ELECTION TYPE			
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)	<i>CITY COMMISSIONER, PET. 1</i>

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					
<input type="checkbox"/> additional pages						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

CELIA ISRAEL

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

22,037.25

EXPENDITURE TOTALS

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

\$

ALL ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

\$

ALL ITEMIZED

23,822.32

CONTRIBUTION BALANCE

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

\$

1,298.91

OUTSTANDING LOAN TOTALS

6. 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.

Celia Israel

Signature of Candidate or Officeholder

AFFIX NOTAR / STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Celia Israel* this the *1st* day of *March*, 20 *04*, to certify which, witness my hand and seal of office.

Ryan S. Morris

Signature of officer administering oath

Ryan S. Morris

Printed name of officer administering oath

Personal Banker

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

<p>4 Date</p> <p>2/6/2004</p>	<p>5 Full name of contributor</p> <p>Ryan Duran</p> <p>Contributor address: City State Aip</p> <p>2205 Bonita Dr. Austin TX 78703</p>	<p>7 Amount of contribution (\$)</p> <p>\$25.00</p>	<p>8 In-kind contribution description</p>
<p>Occupation</p>			

<p>4 Date</p> <p>2/12/2004</p>	<p>5 Full name of contributor</p> <p>Laurie Eiserloh</p> <p>Contributor address: City State Aip</p> <p>3900 Avenue CAustin TX 78751</p>	<p>7 Amount of contribution (\$)</p> <p>\$250.00</p>	<p>8 In-kind contribution description</p>
<p>Occupation</p>			

<p>4 Date</p> <p>2/24/2004</p>	<p>5 Full name of contributor</p> <p>James Ewbank</p> <p>Contributor address: City State Aip</p> <p>2501 Crosswind Drive Spicewood TX 78669</p>	<p>7 Amount of contribution (\$)</p> <p>\$100.00</p>	<p>8 In-kind contribution description</p>
<p>Occupation</p>			

<p>4 Date</p> <p>2/7/2004</p>	<p>5 Full name of contributor</p> <p>Gary Farmer</p> <p>Contributor address: City State Aip</p> <p>309 Lake Cliff Trail Austin TX 78746</p>	<p>7 Amount of contribution (\$)</p> <p>\$500.00</p>	<p>8 In-kind contribution description</p>
<p>Occupation <i>TITLE INSURANCE CO.</i></p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/16/2004	Maura Fernandez Contributor address: City State Aip 11090 Cedar Park San TX 78249	\$100.00	

Occupation

2/15/2004	Nancy Finch Contributor address: City State Aip 1509 Westmoor Austin TX 78723	\$100.00	
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Occupation

2/28/2004	G.A. Herrera & Co., L.L.C. Contributor address: City State Aip 15012 Augusta Dr., Ste. Houston TX 77057 260	\$250.00	
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Occupation

2/24/2004	Guillermo Gomez Contributor address: City State Aip 12174 El Greco Circle El Paso TX 79936	\$25.00	
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Occupation

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	6 City State Zip	7 Amount of contribution (\$)	8 In-kind contribution description
2/12/2004	Leticia Gonzalez Contributor address: 9718 Hidden Brook San City State Zip TX 78250-48		\$100.00	
Occupation				
2/7/2004	Penny Green Contributor address: 8415 Briarwood Lane Austin TX 78757 City State Zip TX 78757		\$25.00	
Occupation				
2/18/2004	Jo Ann Grooms Contributor address: 1880 Bent Tree Tyler TX 75703 City State Zip TX 75703		\$600.00	
Occupation <i>REQUESTED</i>				
2/27/2004	Jean Grunwald Contributor address: 301 Troy Corpus TX 78412 City State Zip TX 78412		\$300.00	
Occupation				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	6	7 Amount of contribution (\$)	8 In-kind contribution description
2/13/2004	Mary Guerrero-McDonald Contributor address: City State Aip P.O. Box 160518 Austin TX 78716 Occupation		\$150.00	
2/11/2004	Half Associates State PAC Contributor address: City State Aip 8616 Northwest Plaza Dr. Dallas TX 75225 Occupation PAC		\$500.00	
2/4/2004	Janet Hamilton Contributor address: City State Aip 2114 Indian Trail Austin TX 78703 Occupation		\$50.00	
2/11/2004	Susan Harris Contributor address: City State Aip 5505 Bay Hill Cove Austin TX 78746 Occupation		\$100.00	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/12/2004	Joe Hartman Contributor address: City State Zip 9014 Blue Quail Drive Austin TX 78758 Occupation	\$20.00	
2/7/2004	Lynette Heckmann Contributor address: City State Zip 5011 Eilers Ave. Austin TX 78751 Occupation	\$50.00	
2/6/2004	Maria Hinojosa Elliott Contributor address: City State Zip 2405 Westover Rd. Austin TX 78703 Occupation	\$100.00	
2/15/2004	Chris Howe Contributor address: City State Zip 2608 Boyd Avenue Fort Worth TX 76109 Occupation <i>ATTORNEY</i>	\$500.00	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	6 State	7 Amount of contribution (\$)	8 In-kind contribution description
2/20/2004	Lee Leffingwell Contributor address: City 4001 Bradwood Rd Austin TX 78722	State Aip	\$100.00	
Occupation				
2/10/2004	John C. Lewis Contributor address: City 1717 W. Sixth St., #390 Austin TX 78703	State Aip	\$250.00	
Occupation				
2/19/2004	Locke Liddell & Sapp LLP Contributor address: City 600 Travis Street, Suite Houston TX 77002 3400	State Aip	\$500.00	
Occupation Law Firm				
2/18/2004	Tammy Malone Contributor address: City 2808 Lantana Ridge Austin TX 78732	State Aip	\$100.00	
Occupation				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	6 City State Zip	7 Amount of contribution (\$)	8 In-kind contribution description
2/2/2004	Donald Martin Contributor address: City State Zip 3312 Texas Star Lane Austin TX 78746-74		\$100.00	
Occupation				
2/14/2004	Susan Matthews Contributor address: City State Zip 451 CR 451 Hondo TX 78861		\$1,600.00	
Occupation <i>REQUESTED</i>				
2/13/2004	Emma Lea Mayton Contributor address: City State Zip 7101 Daugherty Street Austin TX 78757		\$25.00	
Occupation				
2/1/2004	Erin Mayton Contributor address: City State Zip 504A L Street NE Washington DC 20002		\$50.00	
Occupation				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
1/30/2004	John Nyfeler Contributor address: City State Zip 3215 Hampton Rd. Austin TX 78705	\$100.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/19/2004	Betty Otter-Nickerson Contributor address: City State Zip 7912 Brightman Lane Austin TX 78733	\$100.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Billy Phenix Contributor address: City State Zip 1102 1/2 Baylor Austin TX 78703	\$850.00	
Occupation Attorney			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/17/2004	Jacquelyn Plyler Contributor address: City State Zip 7002A Treasure Cove Austin TX 78745-54	\$25.00	
Occupation			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/4/2004	Deborah Polan Contributor address: City State Zip P.O. Box 50272 Austin TX 78768 Occupation	\$250.00	
2/17/2004	Keith Purcell Contributor address: City State Zip 1018 Reagan Terrace Austin TX 78704 Occupation	\$350.00	
2/12/2004	Sherry Pyle Contributor address: City State Zip 1509 Payton Falls Dr. Austin TX 78754 Occupation	\$40.00	
2/4/2004	Suite 180 RECA - Good Government PAC Contributor address: City State Zip 98 San Jacinto Austin TX 78701 Occupation PAC	\$500.00	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	6 City State Zip	7 Amount of contribution (\$)	8 In-kind contribution description
2/20/2004	Ann Richards Contributor address: P.O. Box 684746 Austin TX 78768	City State Zip	\$500.00	
Occupation Senior Advisor				
2/6/2004	Ellen Richards Contributor address: 906 Bouldin Avenue Austin TX 78704	City State Zip	\$25.00	
Occupation				
2/27/2004	Donna Ripple Contributor address: 2302 Timberknob Court Magnolia TX 77355	City State Zip	\$800.00	
Occupation <i>REQUESTED</i>				
2/17/2004	Cindy Robertson Contributor address: 4415 Whispering Valley Austin TX 78727 Dr. #D	City State Zip	\$25.00	
Occupation				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Marc Rodriguez Contributor address: City State Alp 305 West 13th Street Austin TX 78701	\$100.00	
Occupation			
2/17/2004	Reymundo Rodriguez Contributor address: City State Alp 13523 Wyoming Valley Austin TX 78727 Dr.	\$100.00	
Occupation			
2/9/2004	Therese Ruffing Contributor address: City State Alp 5512 Oakwood Cove, Apt Austin TX 78731 181	\$100.00	
Occupation			
1/30/2004	Ty Runyan Contributor address: City State Alp 3500 Rip Ford Dr. Austin TX 78732	\$300.00	
Occupation			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/20/2004	Gabrielle Ryan Contributor address: City State Aip 4712 Colorado Crossing Austin TX 78731 Occupation	\$50.00	

2/11/2004	Derlis Salinas Contributor address: City State Aip 9301 Winchester Rd. Austin TX 78733 Occupation	\$250.00	
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2/16/2004	Margaret Sarabia Contributor address: City State Aip 10009 Bermuda Dr. El Paso TX 79925-53 Occupation	\$50.00	
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2/18/2004	Randi Shade Contributor address: City State Aip 1822 B West 10th Austin TX 78703 Occupation	\$50.00	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/4/2004	Gretchen Shartle Contributor address: City State Zip 1624 West Lake Drive Austin TX 78746 Occupation	\$25.00	
2/17/2004	Lynn Sherman Contributor address: City State Zip 3412 Mt. Bonnell Drive Austin TX 78731 Occupation	\$250.00	
2/15/2004	Cherie Simpson Contributor address: City State Zip 1509 Westmoor Dr. Austin TX 78723 Occupation	\$100.00	
2/15/2004	Apt. 302 Shamina Singh Contributor address: City State Zip 2012 Wyoming Ave., NW Washington DC 20009 Occupation	\$250.00	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/14/2004	Rick Sookiasian Contributor address: City State Aip 7707 Doncaster Dr. Austin TX 78745	\$50.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/13/2004	Kate Southall-Haller Contributor address: City State Aip 53 Aspen Trail Evergreen CO 80439	\$25.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/16/2004	Niyanta Spelman Contributor address: City State Aip P.O. Box 49988 Austin TX 78765	\$50.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Steve Sterquell Contributor address: City State Aip 1800 S. Washington, Ste. Amarillo TX 79102 311	\$2,500.00	

Occupation President

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

<p>4 Date</p> <p>1/19/04</p>	<p>5 Full name of contributor</p> <p>JOSE GUERRA</p> <p>Contributor address: City State Aip</p> <p>2401 S/H 35 #210 AUSTIN TX 78741</p> <p>Occupation ENGINEER</p>	<p>7 Amount of contribution (\$)</p> <p>\$517.25</p>	<p>8 In-kind contribution description</p> <p>EVENTS EXPENSES</p>
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<p>4 Date</p> <p>2/19/2004</p>	<p>5 Full name of contributor</p> <p>Lawrence Aldridge</p> <p>Contributor address: City State Aip</p> <p>609-A Texas Avenue Austin TX 78705</p> <p>Occupation</p>	<p>7 Amount of contribution (\$)</p> <p>\$100.00</p>	<p>8 In-kind contribution description</p>
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<p>4 Date</p> <p>1/30/2004</p>	<p>5 Full name of contributor</p> <p>Robert Allen</p> <p>Contributor address: City State Aip</p> <p>10003 Glencarrie Lane Austin TX 78750-40</p> <p>Occupation</p>	<p>7 Amount of contribution (\$)</p> <p>\$250.00</p>	<p>8 In-kind contribution description</p>
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<p>4 Date</p> <p>2/17/2004</p>	<p>5 Full name of contributor</p> <p>John Arnold</p> <p>Contributor address: City State Aip</p> <p>1500 West Lynn #108 Austin TX 78703</p> <p>Occupation</p>	<p>7 Amount of contribution (\$)</p> <p>\$50.00</p>	<p>8 In-kind contribution description</p>
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/19/2004	Austin Women's Political Caucus - PAC <i>WOMEN'S VICTORY FUND</i> Contributor address: City State Aip <i>P.O. BOX 12383 AUSTIN TX 78711</i>	\$1,000.00	
Occupation PAC			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/17/2004	Marian Barber Contributor address: City State Aip 1813 Cedar Ave. Austin TX 78702	\$25.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/5/2004	Juan Barrientos Contributor address: City State Aip	\$100.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/10/2004	Nancy Barton Contributor address: City State Aip 8700 Springdale Rd. Austin TX 78754-49	\$25.00	
Occupation			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Ann Bixby Contributor address: City State Zip 5885 Sugar Hill Houston TX 77057-20	\$300.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/7/2004	Thurman Blackburn Contributor address: City State Zip Box 27335 Austin TX 78755	\$500.00	
Occupation <i>REQUESTED</i>			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/14/2004	Teresa Bonilla Contributor address: City State Zip 744 Riverlawn Ave. Chula Vista CA 91911	\$100.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/23/2004	Russell Bridges Contributor address: City State Zip 6405 Cascada Austin TX 78750	\$100.00	
Occupation			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/23/2004	Edward Carrasco Contributor address: City State Aip	\$25.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
1/30/2004	David Carroll Contributor address: City State Aip 3008 Sesbania Dr. Austin TX 78748	\$25.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/18/2004	Michael Conwell Contributor address: City State Aip 2710 W. 49th St. Austin TX 78731	\$25.00	

Occupation

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
1/30/2004	Patricia Coronado Contributor address: City State Aip 1809 Matthews Lane Austin TX 78745	\$200.00	

Occupation

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

Celia Israel

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/12/2004	Juan Cotera Contributor address: City State Aip 1502 Norris Drive Austin TX 78704	\$40.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Rick Crawford Contributor address: City State Aip 5017 Everett Amarillo TX 79106	\$1,500.00	
Occupation Senior Vice President / COO			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/11/2004	Veronica De La Garza Contributor address: City State Aip 8132 Tockington Way Austin TX 78748	\$200.00	
Occupation			

4 Date	5 Full name of contributor	7 Amount of contribution (\$)	8 In-kind contribution description
2/17/2004	Denise Donnelly Contributor address: City State Aip P.O. Box 12241 Austin TX 78711	\$100.00	
Occupation			

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME CELIA ISRAEL		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 N/A	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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)
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:

1

2 FILER NAME

CELIA ISRAEL

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

N/A

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
12

2 FILER NAME **CELIA ISRAEL** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/30/04	5 Payee name Kinko's	7 Amount (\$) 37.10
6 Payee address; City; State; Zip Code 6406 N. IH 35 Austin Tx 78752		

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 1/30/04	Payee name United States Postal Service	Amount (\$) 444.00
Payee address; City; State; Zip Code DOWNTOWN Station, Austin, Tx 78701		

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

Date 1/30/04	Payee name Pizza Hut	Amount (\$) 27.42
Payee address; City; State; Zip Code 1201 West 6th Austin, Tx 78701		

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 1/30/04	Payee name Susan Harry	Amount (\$) 1590.00
Payee address; City; State; Zip Code 707 West Ave #250 Austin Tx 78701		

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

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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 2/3/04	5 Payee name Headliners Club 6 Payee address: City: State: Zip Code P.O. Box 97, Austin, Tx 78767	7 Amount (\$) 548.47
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement - Food		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/4/04	Payee name Office max Payee address: City: State: Zip Code 907 West Fifth St, Austin Tx 78703	Amount (\$) 12.97
Purpose of payment (See instructions regarding type of information required.) Office supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/6/04	Payee name La Prensa Payee address: City: State: Zip Code	Amount (\$) 400⁰⁰
Purpose of payment (See instructions regarding type of information required.) Advertising Community news paper		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/6/04	Payee name Laura Hotten Payee address: City: State: Zip Code 2217 Clover Ridge, Austin Tx 78754	Amount (\$) 500⁰⁰
Purpose of payment (See instructions regarding type of information required.) Contract SVCS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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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	5 Payee name Susan Harry	7 Amount (\$)
2/6/04	6 Payee address: City, State, Zip Code 707 West Ave #250, Austin TX 78701	1748.38

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

Date	Payee name TOWN Lake Links	Amount (\$)
2/6/04	Payee address: City, State, Zip Code	100.00

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

Date	Payee name Allied Printing	Amount (\$)
2/9/04	Payee address: City, State, Zip Code P.O. Box 142708 Austin, TX 78714	2,124.71

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

Date	Payee name Kinkos	Amount (\$)
2/11/04	Payee address: City, State, Zip Code 327 Congress Ave. Austin, TX 78701	19.36

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

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	5 Payee name 6 Payee address: City, State, Zip Code	7 Amount (\$)
2/12/04	Monique Thompson 6609 Auburn Dale Austin Tx 78723	250 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
Contract SVCS.		
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
2/12/04	Barbara Schliet Photography P.O. Box 11644 Austin, Tx 78711	450 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
2003 Reception Photography		
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
2/12/04	Allied Printing P.O. Box 142708 Austin, Tx 78714	304.18
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
Printing		
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
2/12/04	Allied Printing P.O. Box 142708 Austin Tx 78714	2,961.05
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
Printing		

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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 2/12/04	5 Payee name SBC 6 Payee address; City; State; Zip Code	7 Amount (\$) 343.99
8 Purpose of payment (See instructions regarding type of information required.) Phone SVC	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/13/04	Payee name La Prensa Payee address; City; State; Zip Code	Amount (\$) 400⁰⁰
Purpose of payment (See instructions regarding type of information required.) Advertising	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/17/04	Payee name Alan Maxay Payee address; City; State; Zip Code 512 E. Riverside, Austin, Tx 78704	Amount (\$) 2,500⁰⁰
Purpose of payment (See instructions regarding type of information required.) Contract SACS.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 2/18/04	Payee name Ann Pierce Payee address; City; State; Zip Code 21 Walker St Austin, Tx 78702 #1603	Amount (\$) 200⁰⁰
Purpose of payment (See instructions regarding type of information required.) Contract Svc.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
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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	5 Payee name UPS Store	7 Amount (\$)
2/18/04	6 Payee address: City, State, Zip Code 815-A Brazos St Austin Tx 78701	138⁰⁰

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

Date	Payee name Kinko's	Amount (\$)
2/20/04	Payee address: City, State, Zip Code 327 Congress Austin Tx 78701	3.23

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

Date	Payee name Gina Vasquez	Amount (\$)
2/24/04	Payee address: City, State, Zip Code 1301 North Ridge Dr. Austin Tx 78752	150⁰⁰

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

Date	Payee name La Prensa	Amount (\$)
2/23/04	Payee address: City, State, Zip Code	400⁰⁰

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

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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	5 Payee name Allied Printing	7 Amount (\$)
2/23/04	6 Payee address; City, State; Zip Code P.O. Box 142708 Austin Tx 78714	1,329.05

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

Date	Payee name Monique Thompson	Amount (\$)
2/23/04	Payee address; City, State; Zip Code 6609 Auburn Lake Austin Tx 78723	250.00

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

Date	Payee name Leslie Pool	Amount (\$)
2/23/04	Payee address; City, State; Zip Code 4503 Shoal Creek Blvd Austin Tx 78756	1800.00

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

Date	Payee name Allied Printing	Amount (\$)
2/24/04	Payee address; City, State; Zip Code PO Box 142708 Austin Tx 78714	274.64

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
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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	5 Payee name AWPC	7 Amount (\$)
2/24/04	6 Payee address: City, State; Zip Code PO Box 12383 Austin TX 78711	500⁰⁰/₂

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

Date	Payee name Office max	Amount (\$)
2/24/04	Payee address: City, State; Zip Code 907 West Fifth St. Austin TX 78703	64.84

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

Date	Payee name Pizza Hut	Amount (\$)
2/26/04	Payee address: City, State; Zip Code 1201 West 6th Austin TX 78701	25⁰⁰/₂

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

Date	Payee name Austin Tejano Democrats	Amount (\$)
2/26/04	Payee address: City, State; Zip Code PO Box 684734 Austin TX 78768	1,084.69

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

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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	5 Payee name <i>Susan Harry</i>	7 Amount (\$)
<i>2/26/04</i>	6 Payee address: City, State, Zip Code <i>707 West Ave #250 Austin TX 78701</i>	<i>472.24</i>

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

Date	Payee name <i>Pizza Hut</i>	Amount (\$)
<i>2/26/04</i>	Payee address: City, State, Zip Code <i>1201 West 6th Austin TX 787501</i>	<i>25.00</i>

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 <i>Office Max</i>	Amount (\$)
<i>2/26/04</i>	Payee address: City, State, Zip Code <i>907 West Fifth St, Austin TX 78703</i>	<i>103.89</i>

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

Date	Payee name <i>Workley Printing</i>	Amount (\$)
<i>2/27/04</i>	Payee address: City, State, Zip Code <i>3217 North IH35 Austin TX 78722</i>	<i>565.07</i>

Purpose of payment (See instructions regarding type of information required.) <i>Pushcards - Printing</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
--	--

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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 2/27/04	5 Payee name Allied Printing	7 Amount (\$) 1865.15
6 Payee address: City, State, Zip Code PO Box 142708 Austin TX 78714		

8 Purpose of payment (See instructions regarding type of information required.) Printing	9 -- 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

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

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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)

4 Date 2/5/04	5 Payee name 814 SAN JACINTO BLDG. 6 Payee address: City, State, Zip Code AUSTIN TX. 7 Purpose of expenditure (See instructions regarding type of information required.) OFFICE RENT	8 Amount (\$) 850.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
-----------------------------	--	---

Date 2/7/04	Payee name U.S. POSTAL SVC. Payee address: City, State, Zip Code MAIN STATION Purpose of expenditure (See instructions regarding type of information required.) POSTAGE	Amount (\$) 1039.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	---	---

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