

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5768

### FORM C/OH COVER SHEET PG 1

|  |   |   |  |
|--|---|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. |   | 1 ACCOUNT #<br>(Ethics Commission filers) | 2 Total pages filed:   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><b>M</b>   | FIRST<br><b>MARCO</b>                     | MI<br><b>L.</b>  |
|  | NICKNAME  | LAST<br><b>FRASER</b>                     | SUFFIX   |
| <b>OFFICE USE ONLY</b>   |   |   |  |
| Date Received  |   |   |  |
| TRIM COUNTY EXAS   |   |   |  |
| Date Hand-delivered or Date Postmarked                         |   |   |  |
| Receipt # Amount   |   |   |  |
| Date Processed   |   |   |  |
| Date Imaged  |   |   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX:   | APT / SUITE #:                            | CITY: STATE: ZIP CODE  |
| <input checked="" type="checkbox"/> Change of Address          | <b>1711 BEN CRENSHAW WAY, AUSTIN, TX. 78746</b>   |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE   | PHONE NUMBER                              | EXTENSION  |
|  | <b>(512)</b>  | <b>3289822</b>                            |  |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><b>M</b>   | FIRST<br><b>DELORNE</b>                   | MI<br><b>R.</b>  |
|  | NICKNAME<br><b>"LANIE"</b>  | LAST<br><b>FRASER</b>                     | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business)           | STREET ADDRESS (NO PO BOX PLEASE):  | APT / SUITE #                             | CITY: STATE: ZIP CODE  |
|  | <b>1500 KINNEY AVE., AUSTIN, TX. 78704</b>  |   |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE   | PHONE NUMBER                              | EXTENSION  |
|  | <b>(512)</b>  | <b>4416060</b>                            |  |
| 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)<br><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) |   |  |
| 10 PERIOD COVERED  | Month   | Day                                       | Year   |
|  | <b>01</b>   | <b>01</b>                                 | <b>04</b>  |
|  | THROUGH   |   | Month Day Year   |
|  |   |   | <b>06 / 30 / 04</b>  |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE  |
|  | Month   | Day Year                                  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
|  | <b>/ /</b>  |   |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)               |  |
|  | <b>SHERIFF</b>  |   |  |
| 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

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ -0-

EXPENDITURE TOTALS

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

\$ -0-

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION BALANCE

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

\$ -0-

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Margot L. Fraser*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margot L. Fraser, this the 9th day of July, 2004, to certify which, witness my hand and seal of office.

*Jessica B. Sammons*  
Signature of officer administering oath

Jessica B. Sammons  
Printed name of officer administering oath

Admin. Associate  
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 filers) |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>6 Contributor address: City: State: Zip Code | 7 Amount of contribution (\$)          | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)         |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address: City: State: Zip Code     | Amount of contribution (\$)            | 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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|  |                                  |
|--|----------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. | <b>1</b> Total pages Schedule B: |
|--|----------------------------------|

|                     |   |
|---------------------|---|
| <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission filers) |
|---------------------|---|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐ | \$ |
|--|----|

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

|   |                                       |
|---|---------------------------------------|
| <b>10</b> Principal occupation / Job title (See Instructions) | <b>11</b> 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) |
|---|-----------------------------|

|   |   |                       |                                     |
|---|---|-----------------------|-------------------------------------|
| 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) |
|---|-----------------------------|

|   |   |                       |                                     |
|---|---|-----------------------|-------------------------------------|
| 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.               |  | <b>1</b> Total pages Schedule E:              |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒    \$         |  |   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                 | <b>9</b> Loan Amount (\$)                     |
| <b>6</b> Is lender a financial institution?<br><br>Y        N                  | <b>8</b> Lender address:    City:    State:    Zip Code  | <b>10</b> Interest rate                       |
|  |  | <b>11</b> Maturity date                       |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |  | <b>13</b> Employer (See Instructions)         |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> none           |  |   |
| <b>15</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>16</b> Name of guarantor<br><br><b>17</b> Guarantor address;    City:    State:    Zip Code | <b>18</b> Amount Guaranteed (\$)              |
| <b>19</b> Principal Occupation   |  | <b>20</b> Employer                            |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Loan Amount (\$)                              |
| Is lender a financial institution?<br><br>Y        N                           | Lender address:    City:    State:    Zip Code   | Interest rate                                 |
|  |  | Maturity date                                 |
| Principal occupation / Job title (See Instructions)                            |  | Employer (See Instructions)                   |
| Description of Collateral<br><input type="checkbox"/> none                     |  |   |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>Guarantor address;    City:    State:    Zip Code                     | Amount Guaranteed (\$)                        |
| Principal Occupation   |  | Employer                                      |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |  |   |
|--|--|---|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                       |  | <b>1</b> Total pages Schedule F:  |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission filers)   |
| <b>4</b> Date  | <b>5</b> Payee name<br><br>.....<br><b>6</b> Payee address:            City; State; Zip Code | <b>7</b> Amount (\$)  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.) |  | <b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name            Office sought            Office held |
| Date   | Payee name<br><br>.....<br>Payee address:            City; State; Zip Code                   | Amount (\$)   |
| Purpose of payment (See instructions regarding type of information required.)          |  | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name            Office sought            Office held          |
| Date   | Payee name<br><br>.....<br>Payee address:            City; State; Zip Code                   | Amount (\$)   |
| Purpose of payment (See instructions regarding type of information required.)          |  | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name            Office sought            Office held          |
| Date   | Payee name<br><br>.....<br>Payee address:            City; State; Zip Code                   | Amount (\$)   |
| Purpose of payment (See instructions regarding type of information required.)          |  | <b>** Complete if direct expenditure to benefit C/OH **</b><br>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 filers)

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

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

## SCHEDULE H

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

**1** Total pages Schedule H:

**2** FILER NAME

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

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

|  |   |
|--|---|
| <b>8</b> Purpose of payment (See instructions regarding type of information required.) | <b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b><br>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 **<br>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 **<br>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 **<br>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 filers)

| 4 Date | 5 Payee name<br><br>6 Payee address; City; State; Zip Code<br><br>7 Purpose of expenditure (See instructions regarding type of information required.) | 8 Amount (\$) |
|--------|---|---------------|
| Date   | Payee name<br><br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.)       | Amount (\$)   |
| Date   | Payee name<br><br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.)       | Amount (\$)   |
| Date   | Payee name<br><br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.)       | Amount (\$)   |
| Date   | Payee name<br><br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.)       | Amount (\$)   |

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**CREDITS (optional)**

**SCHEDULE K**

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payor name<br>.....<br>6 Payor address:            City: State: Zip Code | 8 Amount (\$) |
|        | 7 Reason for credit  |               |

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address:            City: State: Zip Code | Amount (\$) |
|      | Reason for credit  |             |

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address:            City: State: Zip Code | Amount (\$) |
|      | Reason for credit  |             |

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address:            City: State: Zip Code | Amount (\$) |
|      | Reason for credit  |             |

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address:            City: State: Zip Code | Amount (\$) |
|      | Reason for credit  |             |

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Only)

### 3 SIGNATURE

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

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

### 4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below only if you are not an officeholder. \*\***

#### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

#### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

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

### 5 OFFICEHOLDER

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

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

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