

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6745

FORM JC/OH  
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00061993	2 PAGE # 1 of 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms. FIRST Rhonda LAST Hurley NICKNAME SUFFIX	MI	<b>OFFICE USE ONLY</b> FILED FOR RECORD 2008 FEB -4 PM 5:00 COUNTY CLERK TRAVIS COUNTY TEXAS Date Received Date Hand-delivered Date Postmarked Receipt #      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE 700 Lavaca Suite 1150 Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. FIRST Catherine LAST Mauzy NICKNAME SUFFIX	MI	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NC PO BOX PLEASE);    APT / SUITE #:    CITY:    STATE:    ZIP CODE 700 Lavaca Suite 1150 Austin, TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION (512) 474-1493		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year 01/01/2008    01/24/2008		
10 ELECTION	ELECTION DATE Month    Day    Year 03/04/2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Judge District 98	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... 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		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME Hurley, Rhonda (Ms.)

15 ACCOUNT # (Ethics Commission files)  
00061993

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	77.56
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,227.56
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	77.34
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4. TOTAL POLITICAL EXPENDITURES	\$	31,990.87
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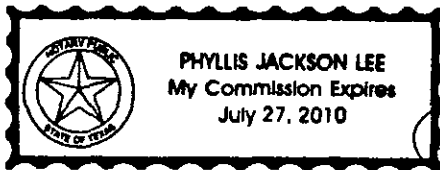
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	19,391.37
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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18 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 Phyllis J. Lee, this the 4th day of February, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/8 Report: 3/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date  01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armbrust & Brown L.L.P.  6 Contributor address; City; State; Zip Code 100 Congress Ave., Suite 1300 Austin, TX 78701-2744	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Law Firm		10 Contributor's job title Law Firm	
11 Contributor's employer / law firm Armbrust & Brown, L.L.P.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bayer, Karl (Mr.)  Contributor address; City; State; Zip Code 8911 N. Capital of Tx. Hwy., Suite 2120 Austin, TX 78759	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benouis, Catherine (Ms.)  Contributor address; City; State; Zip Code 700 Lavaca Suite 1150 Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/8 Report: 4/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date  01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berkel, Sue (Ms.)  6 Contributor address; City; State; Zip Code 4405 Sinclair Ave. Austin, TX 78756	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blazier, Christensen, Bigelow & Virr, P.C.  Contributor address; City; State; Zip Code 221 West 6th Street Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer / law firm Blazier Christensen Bigelow & Virr, P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BMcPAC  Contributor address; City; State; Zip Code 111 Congress Ave. Austin, TX 78701	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer / law firm Brown McCarroll		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/8 Report: 5/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date 01/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryant, Suzanne (Ms.)	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 812 San Antonio Suite 304A Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 01/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Richard III	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 West Avenue Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Gray & Becker		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Sam	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Congress Avenue Suite 1500 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Scott, Douglas & McConnico		Law firm of contributor's spouse (if any) Graves, Dougherty Heraon & Moody P.C.	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/8 Report: 6/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date  01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madison, Shirley (Ms.)  6 Contributor address; City; State; Zip Code 740 Polo Club Drive Austin, TX 78737	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Unknown		10 Contributor's job title Unknown	
11 Contributor's employer / law firm Unknown		12 Law firm of contributor's spouse (if any) Law Offices of Kevin R. Madison	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCullar * Vaught, P.C.  Contributor address; City; State; Zip Code 3200 Steck Avenue Austin, TX 78757	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer / law firm McCullar * Vaught		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McFarland, R. Shane  Contributor address; City; State; Zip Code 919 Congress Avenue Suite 450 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any) Travis County District Attorney's Office	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8 Report: 7/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date 01/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Lawrence J. 6 Contributor address; City; State; Zip Code 1145 West. 5th Street Suite 201 Austin, TX 78703	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) L       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 01/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morin, Paul T. (Mr.) 6 Contributor address; City; State; Zip Code 503 W. 14th Street Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis (Ms.) 6 Contributor address; City; State; Zip Code P.O. Box 50038 Austin, TX 78763	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)       (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation Business Owner/Contractor		Contributor's job title Owner	
Contributor's employer / law firm Pinnelli J. Company		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/8 Report: 8/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date  01/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pollack, Roy (Mr.)  6 Contributor address; City; State; Zip Code 503 W. 14th Stree Austin, TX 78701	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schaubhut, Lawrence P. (Mr.)  Contributor address; City; State; Zip Code 4611 Bee Caves Road Suite 302 Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smiley, Martha (Ms.)  Contributor address; City; State; Zip Code 413 W. Live Oak Austin, TX 78704	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Jenkins & Gilchrist		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date 01/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanley, Linda (Ms.)	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7205 Desert Rose Cove Austin, TX 78750		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 01/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trusler & Associates, PLLC	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 90235 Austin, TX 78709		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Law Firm		Contributor's job title Law Firm	
Contributor's employer / law firm Trusler & Associates, PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Margaret (Ms.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 W. Johanna Street Austin, TX 78704		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorney		Contributor's job title Associate Attorney	
Contributor's employer / law firm Law Offices of Catherine A. Mauzy		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/8 Report: 10/12	
2 FILER NAME Hurley, Rhonda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00061993	
4 Date  01/22/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuner, Travis (Mr.)  6 Contributor address; City; State; Zip Code 115 Wile Basin Road Suite 106 Austin, TX 78746	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Associate Attorney	
11 Contributor's employer / law firm Law Offices of James W. Piper		12 Law firm of contributor's spouse (if any) Milner Law Firm	
13 If contributor is a child, law firm of parent(s) (if any)			
Date  01/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turner, Jami Milner (Ms.)  Contributor address; City; State; Zip Code 4210 Spicewood Springs Road Austin, TX 78759	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Milner Law Firm		Law firm of contributor's spouse (if any) Law Offices of James W. Piper	
If contributor is a child, law firm of parent(s) (if any)			
Date  01/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitlow, Stuart (Mr.)  Contributor address; City; State; Zip Code 2000 S. Mays Round Rock, TX 78664	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 11/12
<b>2</b> FILER NAME Hurley, Rhonda (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00061993
<b>4</b> Date  01/16/2008	<b>5</b> Payee name Austin Bar Association  <b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	<b>7</b> Amount (\$)  \$300.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Labels  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/02/2008	Payee name Creative Pickle  Payee address; City; State; Zip Code 3505 Fleetwood Drive Austin, TX 78704	Amount (\$)  \$250.09
Purpose of payment (See instructions regarding type of information required.) Website update  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/23/2008	Payee name Innovative Photography  Payee address; City; State; Zip Code 1433 Allen Road Austin, TX 78745	Amount (\$)  \$133.44
Purpose of payment (See instructions regarding type of information required.) Photography  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/10/2008	Payee name Rindy Miller Media  Payee address; City; State; Zip Code 2401 E. 6th Street Suite 1003 Austin, TX 78702	Amount (\$)  \$30,000.00
Purpose of payment (See instructions regarding type of information required.) Media  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/2 Report: 12/12

2 FILER NAME Hurley, Rhonda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00061993

4 Date  
  
01/18/2008

5 Payee name  
United States Postal Service  
-----  
6 Payee address; City; State; Zip Code  
510 Guadalupe Street  
Austin, TX 78701-9989

7 Amount  
(\$)  
  
\$1,230.00

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

Postage for mailing list

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:  
Office held: