

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7859

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR —	FIRST IRA	MI J
	NICKNAME	LAST YATES	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	5711 St. Hwy 45 Austin TX 78739		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	970-2589	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		IRA	J
		YATES	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	5711 St. Hwy 45 Austin TX 78739		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	970-2589 282-1370	
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
	4	30	12
THROUGH		Month	Day
THROUGH		5	21
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5	29	12	<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)
			TRAVIS County Commissioner PCT 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

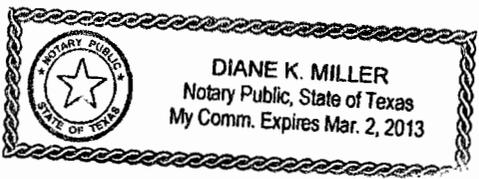
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
	N/A	

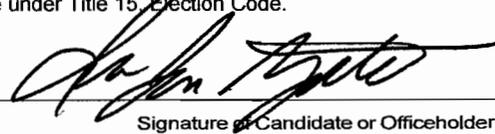
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,926.25
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	\$ - 0 -

18 AFFIDAVIT



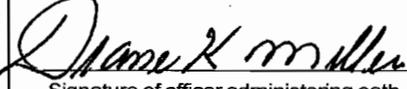
DIANE K. MILLER
Notary Public, State of Texas
My Comm. Expires Mar. 2, 2013

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said IRA YATES, this the 21ST day of MAY, 2012, to certify which, witness my hand and seal of office.


Signature of officer administering oath

DIANE K MILLER
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME IRA YATES	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/12	5 Payee name OAK Hill Gazette
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$1,050⁰⁰	7 Payee address; City; State; Zip Code 7200 -B Hwy 71 West Austin TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) 1 Page Ad
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Date 5/11/12	Payee name Austin American STATESMAN
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$2,876²⁵	Payee address; City; State; Zip Code PO Box 670 Austin TX 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) 2 - 1 page ads
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AUSTIN SIGN LANGUAGE SCHOOL (ASLS) REGISTRATION FORM

REGISTER ON-LINE at <http://www.aslschool.org>

Course Number 101-K 101 201-K 201 301 401 501 601 701 801 1001 1101 1101/1201 1201 1301

Circle only one course number above and complete one form for each student and each class.

<p>PLEASE PRINT CLEARLY</p> <p>Name _____</p> <p>Address _____</p> <p>City & Zip _____ Age: ___ Adult ___ Teen ___ Child</p> <p>Phone: Home _____ Work _____ Cell _____</p> <p>E-mail: Home _____</p> <p style="padding-left: 40px;">Work _____</p>	<p>CHECK Appropriate Location/Times</p> <p style="text-align: center;">SUMMER</p> <p style="text-align: center;">___ TSD: 6:00 p.m. Thursdays</p> <p>FALL/SPRING, Lexington SUMMER</p> <p style="text-align: center;">___ TSD: 5:30 p.m. Thursdays</p> <p style="text-align: center;">___ TSD: 7:15 p.m. Thursdays</p> <p style="text-align: center;">___ Other: 5:30 p.m. _____</p> <p style="text-align: center;">___ Other 7:15 p.m. _____</p>
<p>School contact and payment information:</p> <p>Austin Sign Language School (ASLS) P.O. Box 92345 Austin, TX 78709-2345 Office Ph: (512) 462-2052 (answering machine) E-mail: info@aslschool.org</p>	<p><i>Please do not write in this section. For ASLS use.</i></p> <p>Total Paid _____ Check # _____</p> <p>P.O. # _____ Cash _____</p> <p>C/R _____ On-line Credit Card _____</p> <p>Course _____ Book _____</p> <p>Rec'd by _____</p>
<p>Classes are held at Texas School for the Deaf, 1102 South Congress Avenue, CTE/Ford Building, Austin, TX 78704. Limited classes are held at Westover Hills Church of Christ, 8332 Mesa Drive, Austin, TX 78759 and First Baptist Church in Lexington.</p>	<p>Credit cards accepted for on-line registration only. Checks should be made payable to ASLS. Limited refund policy. \$5.00 processing fee for credit card refunds. No refunds after 2nd class. 4-week hold on checks before refunds.</p>

Tuition is \$130.00 per student for 10 weeks of classes (8-week summer term). **\$45** ABC ASL book for Levels 101, 201, 301, 401; **\$35** Kids Signing Fun book for Levels 101-K and 201-K; **\$35** CSL II book for Levels 501 and 601, **\$35** Ethics book.

I release the Texas School for the Deaf, Westover Hills Church of Christ, and First Baptist Church from liability and agree not to bring alcohol or tobacco on the campus.

Signature _____

Date _____

Course options MAY include the following, depending on semester and enrollment. Not all courses will be offered. See schedule below.

101-K – 1 st Semester Beginners: Kids Class SUMMER 101 – 1 st Semester Beginners: ASL & CASE 201 – 2 nd Semester Beginners: ASL & CASE 201-K – 2 nd Semester Beginners: Kids Class SUMMER 301 – 1 st Semester Intermediate: ASL & CASE 401 – 2 nd Semester Intermediate: ASL & CASE 501 – 1 st Semester Advanced: ASL 601 – 2 nd Semester Advanced: ASL	701 - Deaf Culture 801 – Conversational Sign Language 1001 – Vocabulary Building for Interpreter Trainees* 1101 – Voice-to-Sign Interpreting* 1201 – Sign-to-Voice Interpreting* 1101/1201 – Expressive & Receptive Interpreting* 1301 – Ethical Decision Making for Interpreters* * DARS Interpreter CEUs approved
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Summer 2012 Courses and Locations (8 students per class required)

Pre-register to ensure courses can be offered.

<p>Monday nights – Lexington</p> <p>First Baptist Church June 11 – July 30</p>	<p>Thursday nights – South Austin</p> <p>Texas School for the Deaf (TSD) June 14 – August 2</p>
<p><u>5:30-7:00 p.m.</u> 101**</p> <p><u>7:15-8:45 p.m.</u> 201**</p> <p>**Contingent on enrollment numbers</p>	<p><u>6:00-8:00 p.m.</u> 101-K**, 101, 201, 301, 401, 501**, 601** 1001*</p> <p>**Contingent on enrollment numbers * DARS CEUs approved</p>