

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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:

10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Judge  
FIRST: Beth  
MI: H  
NICKNAME: SMITH  
LAST: SMITH  
SUFFIX:

OFFICE USE ONLY

Date Received

1-7-02  
gac

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #: 116 CEDAR Dr.  
CITY: Buda TX  
STATE: TX  
ZIP CODE: 78610

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Same  
FIRST: Same  
MI:  
NICKNAME:  
LAST:  
SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: Same  
CITY: Same  
STATE: Same  
ZIP CODE: Same

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512)  
PHONE NUMBER: 268-4051  
EXTENSION:

8 REPORT TYPE

January 15  
 30th day before election  
 Runoff  
 15th day after campaign treasurer appointment (officeholder only)  
 July 15  
 8th day before election  
 Exceeded \$500 limit  
 Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 7 / 1 / 01  
THROUGH  
Month Day Year: 12 / 31 / 01

10 ELECTION

ELECTION DATE: Month Day Year: 3 / 12 / 02  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

Justice of the Peace 2

12 OFFICE SOUGHT (if known)

Same

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# 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 <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9-12-01</i>	5 Payee name <i>Kia Kos</i>	8 Amount (\$) <i>17.27</i>
6 Payee address; City; State; Zip Code <i>San Marcos, Tx 78666</i>		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Cardstock paper</i>		
Date <i>8-7-01</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>43.21</i>
Payee address; City; State; Zip Code <i>Springtown Way, San Marcos, Tx 78666</i>		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Paper for invites</i>		
Date <i>9-25-01</i>	Payee name <i>U.S. Postal Service</i>	Amount (\$) <i>68.00</i>
Payee address; City; State; Zip Code <i>Kyle, Tx 78640</i>		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Postage for invites</i>		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Beth Smith*

15 ACCOUNT #(Ethics Commission filers)

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 719

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2419.00

EXPENDITURE TOTALS

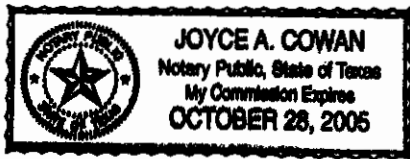
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 591.49

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT



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

*Beth Smith*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Beth Smith, this the 7 day of JANUARY, 2002, to certify which, witness my hand and seal of office.

*Joyce A. Cowan*  
Signature of officer administering oath

Joyce A. Cowan  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <span style="font-size: 2em; margin-left: 100px;">5</span>	
2 FILER NAME <span style="font-size: 1.5em;">Beth Smith</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.5em;">9-15-01</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Will Reece</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">200.<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">312 Juniper Dr. Mountain City, TX 78610</span>			
9 Principal occupation (Optional) <span style="font-size: 1.2em;">Retired</span>		10 Employer (Optional)	
Date <span style="font-size: 1.5em;">10-10-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Bob + Wynette Barton</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1717 N. Burleson St. Kyle, TX 78640</span>			
Principal occupation (Optional) <span style="font-size: 1.2em;">Newspaper Owner</span>		Employer (Optional)	
Date <span style="font-size: 1.5em;">10-10-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Jim + Sandy Stokes</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">100.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">309 Fox Glove Dr. Kyle, TX 78640</span>			
Principal occupation (Optional)		Employer (Optional)	
Date <span style="font-size: 1.5em;">10-10-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Pete + Penny Krug</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">104 S. Burleson Kyle, TX 78640</span>			
Principal occupation (Optional)		Employer (Optional)	
Date <span style="font-size: 1.5em;">10-10-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Roger + Jackie Green</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">303 Cedar Dr. Mountain City, TX 78610</span>			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <div style="text-align: right; font-size: 2em;">5</div>	
2 FILER NAME <div style="font-size: 1.5em;">Beth Smith</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.5em;">10-10-01</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Jeff Barton</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">50.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">3480 Jack C. Hays Tr. Buda, Tx 78610</div>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <div style="font-size: 1.5em;">10-10-01</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Clifton + Marie Oswalt</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 726 Kyle, Tx 78640</div>			
Principal occupation (Optional)		Employer (Optional)	
Date <div style="font-size: 1.5em;">10-10-01</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Don + Margaret Trammell</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">350 Witte St. Kyle, Tx 78640</div>			
Principal occupation (Optional)		Employer (Optional)	
Date <div style="font-size: 1.5em;">10-14-01</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">James + Patti Woods</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$200.</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">104 Wigeon St. Kyle, TX 78640</div>			
Principal occupation (Optional)		Employer (Optional)	
Date <div style="font-size: 1.5em;">10-14-01</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">Margaret Goebler + Kathy Shaw</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 1036 Kyle, Tx 78640</div>			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <span style="font-size: 2em;">5</span>	
2 FILER NAME <i>Beth Smith</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-14-01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phil + Adele Wilbur</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>105 Poplar, Buda, TX 78610</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10-14-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James + Sandra Kohler</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1659 Kyle, TX 78640</i>			
Principal occupation (Optional) <i>Contable, Part 2</i>		Employer (Optional)	
Date <i>10/16-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Red + Louise Simon</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 86, Kyle, TX 78640</i>			
Principal occupation (Optional) <i>Owner Red Simon Road</i>		Employer (Optional)	
Date <i>10-14-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JB + Jeannette Pantermuchl</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 562 Dripping Springs, TX 78620</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/14/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim + Peggy Jansen</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1778, Kyle, TX 78640</i>			
Principal occupation (Optional) <i>Accountant + Business Owner</i>		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <span style="font-size: 2em; margin-left: 100px;">5</span>	
2 FILER NAME <span style="font-size: 1.5em; margin-left: 20px;">Beth Smith</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em;">10-18-01</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Lillian Sauer</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">50.<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">12102 Steepkway Blvd Houston, Tx 77065</span>			
9 Principal occupation (Optional) <span style="font-size: 1.2em; margin-left: 20px;">Retired</span>		10 Employer (Optional)	
Date <span style="font-size: 1.2em;">10-20-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">J.L. Howze</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">100.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">8169 Niederwald Strasse Niederwald, Tx 78640</span>			
Principal occupation (Optional) <span style="font-size: 1.2em; margin-left: 20px;">Retired</span>		Employer (Optional)	
Date <span style="font-size: 1.2em;">10-20-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Vern + Linda Meyer</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">200 Cedar Dr. Buda, Tx 78610</span>			
Principal occupation (Optional)		Employer (Optional)	
Date <span style="font-size: 1.2em;">10-20-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Kathy + Larry Bussett</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">307 Live Oak Dr. Buda, Tx 78610</span>			
Principal occupation (Optional)		Employer (Optional)	
Date <span style="font-size: 1.2em;">10-20-01</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">David Mahn</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 20px;">50.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.1em;">6001 W. Wm. Cannon Austin, Tx 78749</span>			
Principal occupation (Optional) <span style="font-size: 1.2em; margin-left: 20px;">Plum Creek Developers</span>		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>5</b>	
2 FILER NAME <b>Beth Smith</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/14/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anonymous Donor</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>? (cash \$100 bill in fundraiser basket)</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>10/22/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jon Schnautz</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>110 Old Settler Rd Kyle, TX 78640</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Beth Smith</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>10-5-01</u>	5 Payee name <u>Kyle Eagle</u> 6 Payee address; City; State; Zip Code	7 Amount (\$) <u>94.65</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>ad for fundraiser</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>10/5-01</u>	Payee name <u>Free Press</u> Payee address; City; State; Zip Code	Amount (\$) <u>90.72</u>
Purpose of payment (See instructions regarding type of information required.) <u>ad for fundraiser</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>10/6-01</u>	Payee name <u>Kinkos</u> Payee address; City; State; Zip Code <u>San Marcos, Tx 78666</u>	Amount (\$) <u>34.63</u>
Purpose of payment (See instructions regarding type of information required.) <u>copies for fundraiser</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <u>10-10-01</u>	Payee name <u>Paper Factory</u> Payee address; City; State; Zip Code <u>Tanger Outlet Mall</u>	Amount (\$) <u>97.51</u>
Purpose of payment (See instructions regarding type of information required.) <u>Paper goods for fundraiser</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">Beth Smith</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em;">10-10-01</div>	5 Payee name <div style="font-size: 1.2em;">Walmart</div>	7 Amount (\$) <div style="font-size: 1.2em;"><del>10-10-01</del> 34.37</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Nuts for fundraiser + snacks</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Hwy 80 San Marcos TX 78666</div>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.2em;">10-17-01</div>	Payee name <div style="font-size: 1.2em;">Blue Moon</div>	Amount (\$) <div style="font-size: 1.2em;">27.07</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Center Street Kyle, Tx 78640</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Cookies for fundraiser</div>	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.2em;">10-13-01</div>	Payee name <div style="font-size: 1.2em;">Kyle - City of</div>	Amount (\$) <div style="font-size: 1.2em;">50.00</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 40 Kyle, Tx 78640</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Rental of City Hall</div>	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.2em;">10-18-01</div>	Payee name <div style="font-size: 1.2em;">U.S. Postal Service</div>	Amount (\$) <div style="font-size: 1.2em;">34.00</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Kyle, Tx 78640</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.2em;">Stamps for thank yous</div>	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	

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