

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning JANUARY 1, 2002 and ending MARCH 31, 2002

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization TEXAS 02 **Employer identification number** 10-642179

2 Mailing address (P.O. Box or number, street, and room or suite number)
6263 McNeil #812 01-0642179

City or town, state, and ZIP code
Austin TX 78729

3 E-mail address of organization **4** Date organization was formed
1-24-2002

5a Name of custodian of records Kristi D. Towler **5b** Custodian's address
6263 McNeil #812
Austin TX 78729

6a Name of contact person Kristi D. Towler **6b** Contact person's address
6263 McNeil #812
Austin TX 78729

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
 City or town, state, and ZIP code

8 Type of report (check only one box)

a First quarterly report (due by April 15)
b Second quarterly report (due by July 15)
c Third quarterly report (due by October 15)
d Year-end report (due by January 31)
e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of: _____
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
 (1) Date of election: _____
 (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A) **9** NONE

10 Total amount of reported expenditures (total from all attached Schedules B) **10** NONE

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

[Signature] Signature of authorized official July 15, 2002 Date

SCANNED JUL 25 2002

RECEIVED
 1089 JUL 16 2002 1089
 OGDEN, UT
 16 N/E

Schedule A Itemized Contributions	Schedule A page / of /
Name of organization	Employer identification number

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶	\$ NONE
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Schedule B Itemized Expenditures	Schedule B page <u> </u> of <u> </u>
Name of organization	Employer identification number

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
<i>Recipient's name, mailing address and ZIP code</i>	<i>Name of recipient's employer</i>	<i>Amount of each expenditure reported for this period</i>
	<i>Recipient's occupation</i>	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ NONE

