

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received: **RECEIVED**
MAR - 9 2006

CITY SECRETARY'S OFFICE

HD / PM

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER: (Ethics Commission Filers)</p>	<p>2 TYPE OF FILER:</p> <p><input checked="" type="checkbox"/> CANDIDATE <i>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</i></p> <p><input type="checkbox"/> POLITICAL COMMITTEE <i>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</i></p>		
<p>3 NAME OF CANDIDATE (Please type or print)</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p>	<p>FIRST BETTY</p>	<p>MI S</p>
<p>4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)</p>		<p>AREA CODE PHONE NUMBER</p> <p>(817) 556-4665</p>	<p>EXTENSION</p>
<p>5 ADDRESS OF CANDIDATE (Please type or print)</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p>1311 N. Robinson St. CLEBURNE, TX 76031</p>		
<p>6 OFFICE SOUGHT BY CANDIDATE (Please type or print)</p>	<p>City Council SMD 4</p>		
<p>7 NAME OF COMMITTEE (Please type or print)</p>			
<p>8 NAME OF CAMPAIGN TREASURER (Please type or print)</p>	<p>TITLE (Dr., Mr., Ms., etc.)</p>	<p>FIRST BETTY</p>	<p>MI S.</p>
		<p>NICKNAME LAST</p> <p>ZUSPANN</p>	<p>SUFFIX (Sr., Jr., III, etc.)</p>

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

March 9, 2006

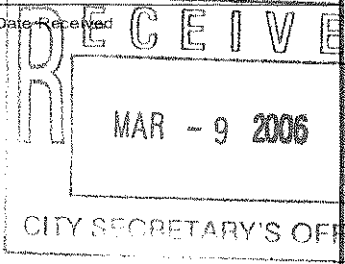
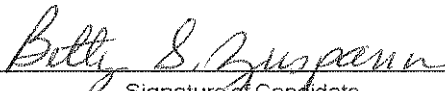
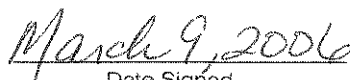
Date

Betty S. Zuppan

Signature

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed:	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
		BETTY S						
		ZUSPANN						
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1311 N. ROBINSON ST. CLEBURNE, TX 76031						
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM	Date Processed		
		(817) 556-4665						
5	OFFICE HELD (if any)						Date Imaged	
6	OFFICE SOUGHT (if known)	City Council SMD4						
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		BETTY S. ZUSPANN						
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1311 N. ROBINSON ST. CLEBURNE, TX 76031						
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(817) 556-4665						
10	CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
		 Signature of Candidate			 Date Signed			
GO TO PAGE 2								

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

<p>11 CANDIDATE NAME</p>	<p>BETTY SUE ZOSPANN</p>
<p>12 MODIFIED REPORTING DECLARATION</p>	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <ul style="list-style-type: none"> •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) •• Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. •• <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p style="text-align: center;"> <u>2006</u> Year of election(s) or election cycle to which declaration applies </p> <p style="text-align: center;"> <i>Betty Sue Zospann</i> Signature of Candidate </p>

This appointment is effective on the date it is filed with the appropriate filing authority.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

BETTY S. ZUSPANN

16 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 25.00

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

\$ 25.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,375.74

CONTRIBUTION BALANCE

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

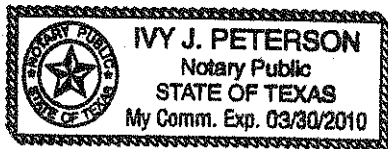
\$ 1,249.26

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2600.00

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.

Betty S. Zuspahn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Betty Zuspahn, this the 13th day of April, 2006, to certify which, witness my hand and seal of office.

Ivy J. Peterson
Signature of officer administering oath

Ivy J. Peterson
Printed name of officer administering oath

Texas Notary Public
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:

1

2 FILER NAME **BETTY S. ZUSPANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/01/06

5 Full name of contributor out-of-state PAC (ID#: _____)
BROOKS CONOVER

7 Amount of contribution (\$)
\$2500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1101 W. CHAMBERS
CLEBURNE, TX. 76033**

9 Principal occupation / Job title (See instructions)

BUSS / LAWYER

10 Employer (See instructions)

SELF

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

1 Total pages Schedule E:

1

2 FILER NAME

BETTY S. ZUSPANN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan
3/11/06

7 Name of lender out-of-state PAC (ID#: _____)
BETTY S. ZUSPANN

9 Loan Amount (\$)
\$2600.00

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
1311 N. ROBINSON ST.
CLEBURNE, TX. 76031

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION
 not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial institution?
Y N

Name of lender out-of-state PAC (ID#: _____)

Lender address; City; State; Zip Code

Loan Amount (\$)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

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 INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME BETTY S. ZUSPANN 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/14/06</u>	5 Payee name <u>MAIN STREET SIGN COMPANY</u>	7 Amount (\$) <u>\$754.25</u>
6 Payee address; City; State; Zip Code <u>214 S. MAIN, CLEBURNE, TX. 76033</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Signs</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>3/15/06</u>	Payee name <u>Downtown Association</u>	Amount (\$) <u>\$100.00</u>
Payee address; City; State; Zip Code <u>415 N. Anglin St. CLEBURNE, TX. 76031</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Springfest</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <u>3/28/06</u>	Payee name <u>CLEBURNE EAGLE NEWS</u>	Amount (\$) <u>\$125.00</u>
Payee address; City; State; Zip Code <u>315 S. CADDO ST., CLEBURNE, TX. 76031</u>		

Purpose of payment (See instructions regarding type of information required.) <u>ADVERTISING</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <u>3/28/06</u>	Payee name <u>MAIN STREET SIGNS</u>	Amount (\$) <u>\$354.49</u>
Payee address; City; State; Zip Code <u>214 S. MAIN, CLEBURNE, TX. 76033</u>		

Purpose of payment (See instructions regarding type of information required.) <u>SIGNS, T-SHIRTS</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **BETTY S. ZUSPANN** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/30/06	5 Payee name CLEBURNE TIMES REVIEW	7 Amount (\$) \$ 42⁰⁰/₁₀₀
6 Payee address; City; State; Zip Code 108 S. Anglin St, CLEBURNE, TX, 76031		

8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: <div style="font-size: 2em; text-align: center;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Betty</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">ZUSPANN</div>	OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">MAY - 5 2007</div> Date Hand-delivered or Date Postmarked SECRETARY'S OFFICE 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 <div style="font-size: 1.5em;">1311 N. Robinson St. 76031</div> <div style="font-size: 1.5em; text-align: center;">CLEBURNE, TX</div>	CITY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(817) 556-4665</div>	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Betty</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">ZUSPANN</div>	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em;">1311 N. Robinson St. Cleburne, TX 76031</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(817) 556-4665</div>	Receipt # Amount	
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 THROUGH Month Day Year <div style="font-size: 1.5em;">4 / 04 / 06 THROUGH 05 / 03 / 06</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 13 / 06</div>	ELECTION TYPE <input 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) <div style="font-size: 1.5em; text-align: center;">City Council Dist 4</div>	
14 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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Betty Zuspahn for City Council 16 ACCOUNT # (Ethics Commission filers)

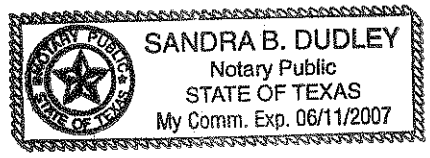
17 NOTICE FROM POLITICAL COMMITTEE(S) .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

COMMITTEE TYPE <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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,177.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 322.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 950.00

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.



Betty Zuspahn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Betty Zuspahn this the 5th day of May, 20 06, to certify which, witness my hand and seal of office.

Sandra B. Dudley Signature of officer administering oath
Sandra B. Dudley Printed name of officer administering oath
Notary Public 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: <u>1</u>	
2 FILER NAME <u>Betty Zuspahn</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>04/27/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>K.D. Pool</u>	7 Amount of contribution (\$) <u>\$ 300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1526 E. Henderson St. CLUBBURNE, TX 76031</u>			
9 Principal Occupation / Job title (See Instructions) <u>Business Owner</u>		10 Employer (See Instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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#: _____) 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#: _____) 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#: _____) 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME Betty Zuspahn		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$ 950.00
5 Date of loan 4/24/06 5/06/06	7 Name of lender Self <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code			
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 INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 103 (3)
2 FILER NAME: <i>Beth Zospann</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date: <i>4/18</i>	5 Payee name: <i>Texas Democratic Party</i> 6 Payee address; City; State; Zip Code: <i>Austin, Tx: 76031</i>	7 Amount (\$): <i>50.00</i>
8 Purpose of payment (See instructions regarding type of information required.): <i>voter list</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: <i>4/19</i>	Payee name: <i>Cleb-urne Signs Graphics</i> Payee address; City; State; Zip Code: <i>S. Main Cleburne, Tx 76031</i>	Amount (\$): <i>115.00</i>
Purpose of payment (See instructions regarding type of information required.): <i>advertising</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: <i>4/19</i>	Payee name: <i>M&M Broadcasting</i> <i>Enterprises</i> Payee address; City; State; Zip Code: <i>Main St. Cleburne, Tx 76031</i>	Amount (\$): <i>300.00</i>
Purpose of payment (See instructions regarding type of information required.): <i>Radio advertising</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: <i>4/27</i>	Payee name: <i>Cleb-urne Times Review</i> Payee address; City; State; Zip Code: <i>S. Anglin St. Cleburne, Tx 76031</i>	Amount (\$): <i>372.75</i>
Purpose of payment (See instructions regarding type of information required.): <i>advertising</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2A (3)
2 FILER NAME Betty ZUSPANN		3 ACCOUNT # (Ethics Commission files)
4 Date 4/06	5 Payee name U.S. Post Office 6 Payee address; City; State; Zip Code 201 Faircrest Dr. Cleburne, TX 76033	7 Amount (\$) 39.00
8 Purpose of payment (See instructions regarding type of information required.) stamps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/6	Payee name Staples Office Supply Payee address; City; State; Zip Code	Amount (\$) 56.52
Purpose of payment (See instructions regarding type of information required.) cardstock		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/06	Payee name Cleburne Times Review Payee address; City; State; Zip Code S. Anglin St. Cleburne, TX 76031	Amount (\$) 42.00
Purpose of payment (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/6	Payee name Main St. Signs Payee address; City; State; Zip Code N. Main St. Cleburne, TX 76031	Amount (\$) 457.93
Purpose of payment (See instructions regarding type of information required.) Signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 34 3
2 FILER NAME Betty Zospann		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/29 5/02	5 Payee name M+M Broadcasting	7 Amount (\$) 400.00
6 Payee address; City; State; Zip Code Main St. Cleburne, Tx 76031		
8 Purpose of payment (See instructions regarding type of information required.) Radio advertising		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/02	Payee name Cleburne Eagle News	Amount (\$) 180.00
Payee address; City; State; Zip Code S. Main St. Cleburne, Tx 76031		
Purpose of payment (See instructions regarding type of information required.) advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/03	Payee name Cleburne Times Review	Amount (\$) 163.80
Payee address; City; State; Zip Code Anglin St. Cleburne, Tx 76031		
Purpose of payment (See instructions regarding type of information required.) advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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