

# SPEAKER'S REUNION DAY REPORT

# FORM SPK-RD COVER SHEET

See the back of this Cover Sheet for information about the law regarding the Speaker's Reunion Day Report.

**OFFICE USE ONLY**

Account # **RECEIVED**

Date Received **NOV 03 1999**

**NOV 03 1999**

Texas Ethics Commission

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

1 TOTAL PAGES OF SCHEDULE A FILED: 0  
TOTAL PAGES OF SCHEDULE F FILED: 1

2 CHAIRMAN'S NAME  
TITLE: Representative  
FIRST: D.  
MI: R.  
NICKNAME: Tom  
LAST: Uher  
SUFFIX:

3 CHAIRMAN'S MAILING ADDRESS  
STREET OR PO BOX: P.O.Box 2910  
APT / SUITE #:  
CITY: Austin, STATE: Texas ZIP CODE: 78768

4 CHAIRMAN'S TELEPHONE NUMBER  
AREA CODE: ( 512 ) TELEPHONE NUMBER: 463-0724 EXTENSION:

5 REPORT TYPE  
 FINAL REPORT  SUPPLEMENTAL REPORT  
IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPORT?  
 YES  NO

6 DATE OF CEREMONY  
MONTH: 4 DAY: 8 YEAR: 99

7 CONTRIBUTION TOTALS  
A. TOTAL CONTRIBUTIONS FROM SCHEDULE A \$ 0  
B. TOTAL CONTRIBUTIONS OF \$50 OR LESS \$  
C. TOTAL OF ALL CONTRIBUTIONS (ADD LINES 7A & 7B) \$ 0

8 EXPENDITURE TOTALS  
A. TOTAL EXPENDITURES FROM SCHEDULE F \$ 132.00  
B. TOTAL EXPENDITURES OF \$50 OR LESS \$  
C. TOTAL OF ALL EXPENDITURES (ADD LINES 8A & 8B) \$ 132.00

*Tom Uher*  
Signature of chairman

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**EXPENDITURES****SCHEDULE F (SPK)**

(Complete Schedule F for expenditures of more than \$50.)

<b>1</b> Total pages this Schedule F (SPK):		1 of 1 pages		OFFICE USE ONLY	
<b>2</b> Chairman's name		D.R. "Tom" Uher			
<b>3</b> Date	<b>4</b> Payee name			<b>6</b> Amount (\$)	
10/7/99	Capital Metro ATTN: Tori Stallion			\$132.00	
<b>5</b> Payee address; City; State; Zip Code					
2910 E.5th Street Austin, Texas 78702					
<b>7</b> Purpose of expenditure					
Charter service for cemetery tour					
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of expenditure					
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of expenditure					
Date	Payee name			Amount (\$)	
	Payee address; City; State; Zip Code				
Purpose of expenditure					

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