

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3555 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: <i>H</i>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Michelle Segall</i> NICKNAME LAST SUFFIX <i>Bassett</i>		OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>804 Canyon Creek Austin Tx 78746</i>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>B Segall</i> NICKNAME LAST SUFFIX <i>Segall Jr.</i>		Receipt # HD / PM Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>3501 Westlake Dr. Austin Tx 78746</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 327-1126</i>		
8 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 signature appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 97 6 / 30 / 97</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>3 / 10 / 98</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>n/a</i>	12 OFFICE SOUGHT (if known) <i>Travis Co. Commissioner, Pct. 3</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <i>n/a</i> <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		

TRAVIS COUNTY COMMISSIONER
 JUL 15 10 57 AM '98
 FILED

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Michelle Segall Bassett 15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes 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. --

additional pages

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

n/a

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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ n/a
	4. TOTAL POLITICAL EXPENDITURES	\$ 280.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ n/a

19 AFFIDAVIT

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

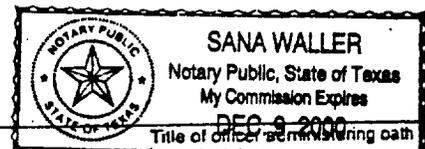
Michelle Segall Bassett
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michelle Segall Bassett, this the 15 day of July, 19 97, to certify which, witness my hand and seal of office.

Sana Waller
Signature of officer administering oath

Print name 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

Michelle Segall Bassett

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/97

5 Full name of contributor

Amanda G. Birrell out of state PAC

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

1901 Yampson Valley Austin, TX 78746

9 Principal occupation

Attorney

10 Employer (optional)

Date

3/25/97

Full name of contributor

B. Segall, Jr. out of state PAC

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3501 Westlake Dr., Austin, TX 78746

Principal occupation

Retired Consulting Engineer

Employer (optional)

n/a

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

 out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation

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.

PLEGGED CONTRIBUTIONS

n/a

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 6 Full name of pledgor out of state PAC 8 Amount of pledge (\$) 9 In-kind description (if applicable) 7 Pledgor address; City; State; Zip Code

10 Principal occupation 11 Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

Date Full name of pledgor out of state PAC Amount of pledge (\$) In-kind description (if applicable) Pledgor address; City; State; Zip Code

Principal occupation Employer (optional)

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LOANS

n/a

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		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 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC		Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
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	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 1
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2 FILER NAME <i>Michelle Segall Bassett</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>5/9/97</i>	5 Payee name <i>Nelda Wells Spears</i>	7 Amount (\$)
6 Payee address; City; State; Zip Code <i>1010 Lavaca Austin, TX 78701</i>		<i>280.00</i>

8 Purpose of expenditure <i>Obtain voter registration lists for Precinct Three</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <i>n/a</i> Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
------------------------	--

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

Purpose of expenditure	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

n/a

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

n/a

SCHEDULE I

* The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
7 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		

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		

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CREDITS (optional)

n/a

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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