

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

3581 FORM C/OH
COVER SHEET PG 1

- The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Dana L. NICKNAME LAST SUFFIX DeBeauvoir	OFFICE USE ONLY FILED JUL 23 10 30 AM '97 TRAVIS COUNTY CLERK	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 3715 Robinson Austin, TX 78722		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mina NICKNAME LAST SUFFIX Clark	Receipt #	Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 45 Sundown Prky. Austin, Tx 78746	HD / PM	Date Processed
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 471-3507		
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 treasurer 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 Jan / 1 / 97 THROUGH June / 30 / 97		
10 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis County Clerk	12 OFFICE SOUGHT (if known) County Clerk	
13 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 None Address / PO Box APT / Suite # City State Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Dana DeBeauvoir</i>	15 ACCOUNT # (Ethics Commission files)
--	--

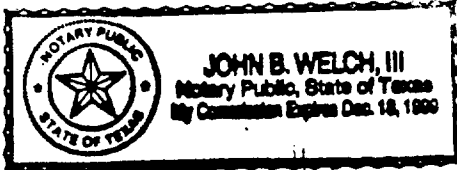
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 300.00
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, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Dana DeBeauvoir
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____ this the 23 day of July 19 97, to certify which, witness my hand and seal of office.

John B. Welch III
Signature of officer administering oath

John B. Welch III
Print name of officer administering oath

NOTARY
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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation	10 Employer (optional)
------------------------	------------------------

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out of state PAC			Amount of pledge (\$)		In-kind description (if applicable)	
Pledgor 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
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 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
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 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

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

2 FILER NAME <i>Dana DeBeauvoir</i>	3 ACCOUNT # (Ethics Commission files)
--	--

4 Date	5 Payee name <hr/> 6 Payee address; City; State; Zip Code <i>None</i>	7 Amount (\$)
---------------	---	------------------------------

8 Purpose of expenditure	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---------------------------------	---

Date	Payee name <hr/> Payee address; City; State; Zip Code <i>None</i>	Amount (\$)
-------------	---	----------------------------

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

Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
-------------	--	----------------------------

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

Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
-------------	--	----------------------------

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/1/97

5 Payee name

Austin Massem Sister Cities Cmte

6 Payee address; City; State; Zip Code

7400 Valburn Dr. Austin, TX 78731

8 Amount (\$)

\$100.00

7 Purpose of expenditure

South Africa event sponsorship

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

^A The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission Bars)
4 Date <i>2/6/97</i>	5 Payee name <i>Kirk Watson Campaign</i> 6 Payee address: City: State: Zip Code <i>Headquarters 300 E. 11th Street Austin, TX 78701</i>	8 Amount (\$) \$ <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Contribution</i>	
Date <i>5/1/97</i>	Payee name <i>Margaret Gomez</i> Payee address: City: State: Zip Code <i>Officeholder P.O. Box 1748 Austin, TX 78767</i>	Amount (\$) \$ <i>25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Cinco de Mayo event sponsorship</i>	
Date <i>5/23/97</i>	Payee name <i>Travis County Women Lawyers Assoc.</i> Payee address: City: State: Zip Code <i>507 W. 7th Street Austin, TX 78701</i>	Amount (\$) \$ <i>25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Fundraising event for scholarships</i>	
Date <i>5/26/97</i>	Payee name <i>League of Women Voters</i> Payee address: City: State: Zip Code <i>1011 W. 31st Street Austin, TX 78705</i>	Amount (\$) \$ <i>25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Contribution</i>	
Date <i>6/16/97</i>	Payee name <i>Sam Biscoe</i> Payee address: City: State: Zip Code <i>Officeholder P.O. Box 1748 Austin, TX 78767</i>	Amount (\$) \$ <i>25.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Juneteenth event sponsorship</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

¹ The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7

Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

9

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

* The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

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	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

