

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3719

### 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
*Darwin L.*  
 NICKNAME LAST SUFFIX  
*McKee*

OFFICE USE ONLY  
 FILED  
 MAR 15 11 48 AM '98  
 CLERK  
 TRAVIS COUNTY, TEXAS

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
*P.O. Box 2513  
 Austin, TX 78767*

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
*Kelly*  
 NICKNAME LAST SUFFIX  
*Evans*

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  
*7300 Meadowood Dr. Austin, TX 78723*

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(512) 926-2684*

8 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)  
 July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
*12 / 11 / 97    12 / 31 / 97*

10 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     General     Special  
*03 / 10 / 98*

11 OFFICE

OFFICE HELD (# any)    12 OFFICE BOUGHT (# known)  
*Travis County Commissioner    Travis County Commissioner*

13 DIRECT CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* 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  
*Does Not Apply*

Address / PO Box: Apt / Suite #: City: State: Zip Code  
 \_\_\_\_\_

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Darwin McKee</i>	15 ACCOUNT # (Ethics Commission filers)
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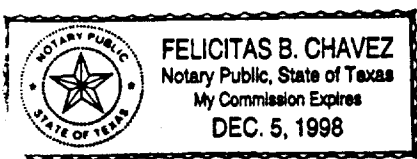
16 SUPPORTING POLITICAL COMMITTEE(S) \*\* This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME <i>Does Not Apply</i>
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

### 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.

*Darwin McKee*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darwin McKee, this the 15th day of January, 19 98, to certify which, witness my hand and seal of office.

<i>Felicitas B. Chavez</i> Signature of officer administering oath	<i>Felicitas B. Chavez</i> Print name of officer administering oath	<i>Notary Public</i> Title of officer administering oath
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# 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  
Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date  
12/15/98

5 Full name of contributor  out of state PAC  
Milton B. Flemings

7 Amount of contribution (\$)  
\$100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
9203 Knoll Crest Loop  
Austin, TX 78759

9 Principal occupation  
Retired

10 Employer (optional)  
NA

Date

Full name of contributor  out of state PAC  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor  out of state PAC  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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: <u>1</u>
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2 FILER NAME <i>Darwin McKee</i>	3 ACCOUNT # (Ethics Commission filers)
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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)
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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)
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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)
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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)
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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)
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**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

*Darwin McKee*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *-0-*

5 Date of loan

7 Name of lender  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

none

13 GUARANTOR INFORMATION

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  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

none

GUARANTOR INFORMATION

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

<b>A</b> The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule F: (
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<b>2</b> FILER NAME <i>Darwin Myke</i>	<b>3</b> ACCOUNT # (Ethics Commission filers)
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<b>4</b> Date	<b>5</b> Payee name <hr/> <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  
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<b>8</b> Purpose of expenditure	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float:right">Office sought / held</span>
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Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)  
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Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <span style="float:right">Office sought / held</span>
------------------------	---

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 <span style="float:right">Office sought / held</span>
------------------------	---

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 <span style="float:right">Office sought / held</span>
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

<sup>A</sup> The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

*Darwin McKee*

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:  
1

2 FILER NAME

*Darwin McKee*

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

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:  
**1**

2 FILER NAME

*Darwin McKee*

3 ACCOUNT # (Ethics Commission filers)

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

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 filers)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are a candidate ••

### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder