

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Dana DeBeauvoir

15 ACCOUNT # (Ethics Commission filers)

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. ***

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$ 2050.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 945.00

OUTSTANDING LOAN TOTALS

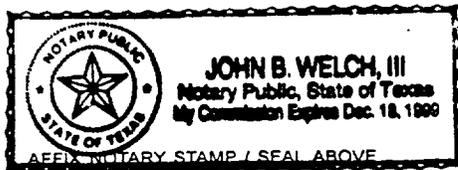
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

I swear, or affirm, 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.

Dana DeBeauvoir
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Dana DeBeauvoir* this the *15* day of *JAN* 19 *98*, 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 <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <i>Gary Farmer</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$ 1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5502 Cedro Trail Austin, TX 78731</i>			
9 Principal occupation <i>manager</i>		10 Employer (optional)	
Date	Full name of contributor <i>Georgia Duke</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$ 1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1203 Terjo Frith Lane Austin, TX 78732</i>			
Principal occupation <i>manager</i>		Employer (optional)	
Date	Full name of contributor <i>Rosa Walker</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1616 Ridgewayen Austin, TX 78723</i>			
Principal occupation <i>consultant</i>		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)	

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LOANS

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	

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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: 1062

2 FILER NAME

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/97

5 Payee name

Metropolitan Breakfast Club

6 Payee address; City; State; Zip Code

P.O. Box 2532 Austin, TX 78768

7 Amount (\$)

\$90.00

8 Purpose of expenditure

membership dues

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

10/15/97

Payee name

Leadership Austin

Payee address; City; State; Zip Code

P.O. Box 1967 Austin, TX 78767

Amount (\$)

50.00

Purpose of expenditure

membership dues

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

10/15/97

Payee name

21st Century Democrats

Payee address; City; State; Zip Code

3007 N. Lamar Austin, TX 78705

Amount (\$)

30.00

Purpose of expenditure

membership dues

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

10/15/97

Payee name

TARAL

Payee address; City; State; Zip Code

P.O. Box 684602 Austin, TX 78768

Amount (\$)

\$125.00

Purpose of expenditure

event sponsorship

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(S)

10/21/97

South Austin Democrats

6 Payee address; City; State; Zip Code

P.O. Box 152592 Austin, TX 78715

\$50.00

8 Purpose of expenditure

Yellow Dawg event sponsorship

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

Office sought / held

Date

Payee name

Amount
(S)

12/15/97

Travis County Democratic Party

Payee address; City; State; Zip Code

P.O. Box 684263 Austin, TX 78768

\$600.00

Purpose of expenditure

filing fee

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

Office sought / held

Date

Payee name

Amount
(S)

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
(S)

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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