



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Darwin McKee</u>	15 ACCOUNT # (Ethics Commission files)
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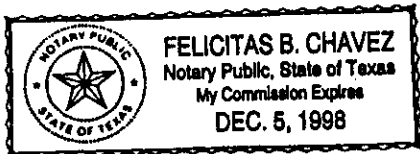
16 SUPPORTING POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ 127.30
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,275.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 70.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,543.10
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,031.96

### 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.



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 9th day of February, 19 98, to certify which, witness my hand and seal of office.

Felicitas B. Chavez  
Signature of officer administering oath

Felicitas B. Chavez  
Print name of officer administering oath

Notary Public  
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: <b>3</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/6/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>John Hille</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>9201 Elm Creek Cove Austin, Tx. 78736</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>1/9/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Virginia Agnew</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1204 Castle Hill Austin, Tx. 78702</b>			
Principal occupation		Employer (optional)	
Date <b>1/12/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Cal Varner</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1211 E. 11th St., Austin, Tx. 78702</b>			
Principal occupation		Employer (optional)	
Date <b>1/12/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Gary Calfee</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1122 Colorado, Suite 301 Austin, Tx. 78701</b>			
Principal occupation		Employer (optional)	
Date <b>1/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Sheryl Nelson Cole</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>4304 Parkwood Austin, Tx. 78722</b>			
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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/20/98</b>	5 Full name of contributor <b>Velva L. Price</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>1601 Ridgemont Dr. Austin, Tx. 78723</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>1/23/98</b>	Full name of contributor <b>BM &amp; OH-Electo-Pac</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1400 Plaza 111 Congress Ave. Austin, Tx. 78701</b>			
Principal occupation		Employer (optional)	
Date <b>1/27/98</b>	Full name of contributor <b>Barbara Wilson</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>2425 Ashdale, No. 24 Austin, Tx. 78757</b>			
Principal occupation		Employer (optional)	
Date <b>1/27/98</b>	Full name of contributor <b>Withie McKee</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>4901 Hilldale Dr. Austin, Tx. 78723</b>			
Principal occupation		Employer (optional)	
Date <b>1/24/98</b>	Full name of contributor <b>Casey James Calhoun</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>6406 Hartwick Place Austin, Tx. 78723</b>			
Principal occupation		Employer (optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/29/98

5 Full name of contributor

Ian Inglis

 out of state PAC

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1012 Rio Grande, Austin, Tx.  
78701

9 Principal occupation

10 Employer (optional)

Date

1/26/98

Full name of contributor

B. R. E. Merritt

 out of state PAC

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1100 Silver Hills Drive  
Austin, Tx. 78746

Principal occupation

Employer (optional)

Date

1/28/98

Full name of contributor

Jo A. Clifton

 out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2304 Spring Creek Dr., Austin, Tx.  
78704

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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Darwin McKee</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <i>29.33</i>
5 Date of loan <i>1/2/98</i>	7 Name of lender <input type="checkbox"/> out of state PAC <i>Darwin McKee</i>	9 Loan Amount (\$) <i>\$1,000.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address;      City;      State;      Zip Code <i>7601 Glenhill Cove Austin, Tx.      78752</i>	10 Interest rate <i>NA</i>
		11 Maturity date <i>NA</i>
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input checked="" 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 <i>1/6/98</i>	Name of lender <input type="checkbox"/> out of state PAC <i>Darwin McKee</i>	Loan Amount (\$) <i>\$2,002.63</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address;      City;      State;      Zip Code <i>7601 Glenhill Cove Austin, Tx.      78752</i>	Interest rate <i>NA</i>
		Maturity date <i>NA</i>
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/16/98</b>	5 Payee name <b>Eleanor Thompson</b> 6 Payee address; City; State; Zip Code <b>1705 Walnut Ave. Austin, Tx. 78702</b>	7 Amount (\$) <b>\$500.00</b>
8 Purpose of expenditure <b>Consultation services</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>1/16/98</b>	Payee name <b>Chris Saunders</b> Payee address; City; State; Zip Code <b>3713 Windsor Rd. Austin, Tx. 78703</b>	Amount (\$) <b>\$500.00</b>
Purpose of expenditure <b>Consultation + office services</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>1/21/98</b>	Payee name <b>Will Leseiur</b> Payee address; City; State; Zip Code <b>1207 Barton Springs Austin, Tx. 78704</b>	Amount (\$) <b>\$300.00</b>
Purpose of expenditure <b>payment for labor to put up + distribute yard signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>1/10/98</b>	Payee name <b>Home Depot</b> Payee address; City; State; Zip Code <b>5400 Brodie Lane Austin, Tx. 78745</b>	Amount (\$) <b>\$162.96</b>
Purpose of expenditure <b>Yard posts + supplies for yard signs</b>		** 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:

4

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount  
(S)

1/16/98

Travis County Tax Assessor

6 Payee address; City; State; Zip Code

P.O. Box 1748  
Austin, Tx. 78767-1748

\$24.50

8 Purpose of expenditure

Precinct maps.

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(S)

1/27/98

Kinkos Copy Center

Payee address; City; State; Zip Code

121 E. 6th St.  
Austin, Tx. 78701

\$21.11

Purpose of expenditure

Printing costs for push cards

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(S)

1/27/98

Kinkos Copy Center

Payee address; City; State; Zip Code

6406 N. IH-35  
Austin, Tx. 78752

\$4.33

Purpose of expenditure

Fax documents for phone installation

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(S)

1/28/98

Furrows Lumber Co.

Payee address; City; State; Zip Code

8319 No. Lamar  
Austin, Tx. 78753

\$27.57

Purpose of expenditure

Nails + supplies for yard signs

.. 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: <b>4</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/2/98</b>	5 Payee name <b>Democratic Party</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 684263 Austin, Texas 78768-4263</b>	7 Amount (\$) <b>\$1,000.00</b>
8 Purpose of expenditure <b>Candidate filing fee</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>1/6/98</b>	Payee name <b>Ace Printing</b> Payee address; City; State; Zip Code <b>P.O. Box 13522 Austin, Tx. 78711</b>	Amount (\$) <b>\$2,002.63</b>
Purpose of expenditure <b>Yard signs</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name 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 Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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

NA

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought / held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought / held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought / held
Date	Business name ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought / held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

NA

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME <i>Darwin McKee</i>	3 ACCOUNT # (Ethics Commission filers)

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

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

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

Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

NA

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

Darwin McKee

2 ACCOUNT # (Ethics Commission filers)

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