

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

3962

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  
MR. DARWIN L.  
NICKNAME LAST SUFFIX  
McKee

OFFICE USE ONLY

Date Received

FILED  
MAR 3 2 55 PM '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  
Mr. Kelly R.  
NICKNAME LAST SUFFIX  
Evans

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

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  
1 / 30 / 98 THROUGH 2 / 28 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 10 / 98  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Travis Co. Commissioner

12 OFFICE SOUGHT (if known)

Travis Co. Commissioner

FILED  
MAR 3 2 55 PM '98  
CLERK  
TRAVIS COUNTY, TEXAS

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  
NA

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

*Darwin McKee*

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> 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

\$ 510<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,860<sup>00</sup>

EXPENDITURE TOTALS

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

\$ 285<sup>11</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 18,315<sup>39</sup>

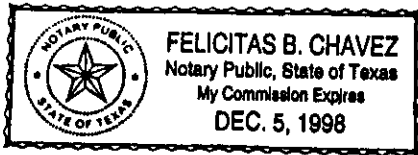
OUTSTANDING LOAN TOTALS

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

\$ 11,492<sup>41</sup>

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 3rd day of March

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: 1 of 9

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/98

5 Full name of contributor

Leroy M. Hiller

out of state PAC

6 Contributor address; City; State; Zip Code

2714 Tether Trail  
Austin, Tx. 78704

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/23/98

Full name of contributor

D. L. Patillo

out of state PAC

Contributor address; City; State; Zip Code

1700 Jackson Hole Cove  
Austin, Tx. 78746

Amount of contribution (\$)

\$250<sup>00</sup>

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/25/98

Full name of contributor

William C. Blount

out of state PAC

Contributor address; City; State; Zip Code

6850 Austin Center Blvd., Ste. 205  
Austin, Tx. 78731

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/26/98

Full name of contributor

Diana L. Granger

out of state PAC

Contributor address; City; State; Zip Code

3105 Thousand Oaks Drive  
Austin, Tx. 78746

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

2/25/98

Full name of contributor

Billy Dear

out of state PAC

Contributor address; City; State; Zip Code

1404 Windy Cove  
Round Rock, Tx. 78661

Amount of contribution (\$)

\$50<sup>00</sup>

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>2 of 9</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/2/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Jeff D. Heard, Jr.</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>6809 Glen Ridge Dr. Austin, Tx. 78731</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>1/31/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Lacy K. Johnson</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 390364 Dallas, Tx. 75339-8364</b>			
Principal occupation		Employer (optional)	
Date <b>2/6/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Jim Hull</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 12691 Austin, Tx. 78711</b>			
Principal occupation		Employer (optional)	
Date <b>2/5/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Mildred Sneed</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>6500 Manor Rd. Austin, Tx. 78725</b>			
Principal occupation		Employer (optional)	
Date <b>2/5/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>E. Scott Polikov</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>3903 Duval St. Austin, Tx. 78751-5167</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 of 9

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/30/98

5 Full name of contributor

Cindy S. Trautmann

 out of state PAC

7 Amount of contribution (\$)

\$50<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2102 Stone River Dr.  
Austin, Tx. 78745

9 Principal occupation

10 Employer (optional)

Date

2/21/98

Full name of contributor

Bob Melbane

 out of state PAC

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1810 E. 39th St.  
Austin, Tx. 78722

Principal occupation

Employer (optional)

Date

2/13/98

Full name of contributor

Bob E. Gregory

 out of state PAC

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2909 West Lake Cove  
Austin, Tx. 78746

Principal occupation

Employer (optional)

Date

2/23/98

Full name of contributor

Eric M. Shepperd

 out of state PAC

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1314 Travis Heights Blvd., No. A  
Austin, Tx. 78704-2529

Principal occupation

Employer (optional)

Date

2/23/98

Full name of contributor

Benny L. Hawkins

 out of state PAC

Amount of contribution (\$)

\$200<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2101 Equestrian Trail  
Austin, Tx. 78727-1512

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: <b>4 of 9</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/10/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>Robert Cockrill</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 697 Wimberley, Tx. 78767-0697</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>2/13/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Alan Holman</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>610 E. 43<sup>rd</sup> St. Austin, Tx. 78751</b>			
Principal occupation		Employer (optional)	
Date <b>2/20/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>John M. Joseph</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>Law Offices of Minter, Joseph &amp; Thornhill 811 Barton Springs, Ste. 800 Austin, Tx. 78704</b>			
Principal occupation		Employer (optional)	
Date <b>2/24/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>John McCormick</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1801 Rock Creek Drive Round Rock, Tx. 78681</b>			
Principal occupation		Employer (optional)	
Date <b>2/2/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Lodis Rhodes</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>7005 Greenock Austin, Tx. 78749-2405</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>5 of 9</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/5/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>John C. Bradshaw</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2315 Newfield Ln Austin, Tx. 78703</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>2/6/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Roxanne J. Evans</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7300 Meadowood Dr. Austin, Tx. 78723</b>			
Principal occupation		Employer (optional)	
Date <b>2/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>William J. Lee</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2901 Bee Caves Rd., Box C Austin, Tx. 78746</b>			
Principal occupation		Employer (optional)	
Date <b>2/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Dale V. Miller</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1704 Rabb Road Austin, Tx. 78704</b>			
Principal occupation		Employer (optional)	
Date <b>2/10/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Earl L. Kanetzký</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4707 Weidemar Lane Austin, Tx. 78745</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:

6 of 9

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/26/98

5 Full name of contributor

D. Kirk Johnson

out of state PAC

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3615 Quiette  
Austin, Tx. 78754

9 Principal occupation

10 Employer (optional)

Date

2/26/98

Full name of contributor

Eugene Watkins

out of state PAC

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6805 Falcata Cove  
Austin, Tx. 78750

Principal occupation

Employer (optional)

Date

2/25/98

Full name of contributor

Frederick C. Turner, Jr.

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7103 Langston Dr.  
Austin, Tx. 78723

Principal occupation

Employer (optional)

Date

2/23/98

Full name of contributor

Joel Bennett

out of state PAC

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1404 Foxtail Cove  
Austin, Tx. 78704

Principal occupation

Employer (optional)

Date

2/20/98

Full name of contributor

Charles D. Schmidt

out of state PAC

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3611 Ripple Creek Dr.  
Austin, Tx. 78746

Principal occupation

Employer (optional)

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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: <b>7 of 9</b>	
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/19/98</b>	5 Full name of contributor <b>Robert Cockrill</b> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 697 Wimberley, Tx. 78676-0697</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>2/14/98</b>	Full name of contributor <b>Waldron Wray Plicque</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4908 Oldfort Hill Dr. Austin, Tx. 78723</b>			
Principal occupation		Employer (optional)	
Date <b>2/8/98</b>	Full name of contributor <b>Kerry L. Overton</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 16084 Austin, Tx. 78761</b>			
Principal occupation		Employer (optional)	
Date <b>2/12/98</b>	Full name of contributor <b>Robert E. Johnson, Jr.</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1122 Colorado, Suite 208 Austin, Tx. 78701</b>			
Principal occupation		Employer (optional)	
Date <b>2/19/98</b>	Full name of contributor <b>Minton, Burton, Foster &amp; Collins</b> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1100 Guadalupe St. Austin, Tx. 78701</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: **8 of 9**

2 FILER NAME **Darwin McKee**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/17/98**

5 Full name of contributor  out of state PAC  
**Darnell S. Arnold**

7 Amount of contribution (\$)  
**\$100<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**5608 Manor Rd.  
Austin, Tx. 78723**

9 Principal occupation

10 Employer (optional)

Date  
**2/17/98**

Full name of contributor  out of state PAC  
**John Hall**

Amount of contribution (\$)  
**\$500<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5209 Dry Wells Rd.  
Austin, Tx. 78749**

Principal occupation

Employer (optional)

Date  
**2/19/98**

Full name of contributor  out of state PAC  
**Earl L. Kanetzky**

Amount of contribution (\$)  
**\$500<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4707 Weidemar Lane  
Austin, Tx. 78745**

Principal occupation

Employer (optional)

Date  
**2/18/98**

Full name of contributor  out of state PAC  
**Locke Purnell Rain Harrell PAC**

Amount of contribution (\$)  
**\$250<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2200 Ross Ave., Suite 2200  
Dallas, Tx. 75201-6776**

Principal occupation

Employer (optional)

Date  
**2/13/98**

Full name of contributor  out of state PAC  
**American Fed. of State, County & Municipal Employees A**

Amount of contribution (\$)  
**\$750<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1625 L. Street, N.W.  
Washington, D.C. 20036**

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 2

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

2/14/98

7 Name of lender

Evelyn McKee

out of state PAC

9 Loan Amount (\$)

\$19480

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

7601 Glenhill Cove  
Austin, Tx. 78752

10 Interest rate

NA

11 Maturity date

NA

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

**LOANS**

**SCHEDULE E**

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

4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date of loan <b>2/20/98</b>	7 Name of lender <input type="checkbox"/> out of state PAC <b>Darwin McKee</b>	9 Loan Amount (\$) <b>\$8,000<sup>00</sup></b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>(N)</b>	8 Lender address;      City;      State;      Zip Code <b>7601 Glenhill Cove Austin, Tx. 78752</b>	10 Interest rate <b>NA</b>
		11 Maturity date <b>NA</b>

12 Description of Collateral  
 none

13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;      City;      State;      Zip Code	16 Amount Guaranteed (\$)
--	---	---------------------------

17 Principal Occupation	18 Employer
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Date of loan <b>1/30/98</b>	Name of lender <input type="checkbox"/> out of state PAC <b>Darwin McKee</b>	Loan Amount (\$) <b>\$265<sup>65</sup></b>
Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>(N)</b>	Lender address;      City;      State;      Zip Code <b>7601 Glenhill Cove Austin, Tx. 78752</b>	Interest rate <b>NA</b>
		Maturity date <b>NA</b>

Description of Collateral  
 none

GUARANTOR INFORMATION  <input checked="" 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/4/98</b>	5 Payee name <b>Office Max</b> 6 Payee address; City; State; Zip Code <b>5451-B North IH-35 Austin, Tx. 78723</b>	7 Amount (\$) <b>\$144<sup>68</sup></b>
8 Purpose of expenditure <b>office supplies</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/2/98</b>	Payee name <b>U.S. Postal Service</b> Payee address; City; State; Zip Code <b>8225 Cross Park Drive Austin, Tx. 78710-9765</b>	Amount (\$) <b>\$152<sup>00</sup></b>
Purpose of expenditure <b>postage</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/5/98</b>	Payee name <b>H.E.B. Grocery Store</b> Payee address; City; State; Zip Code <b>7032 Ed Bluestein Blvd. Austin, Tx. 78723</b>	Amount (\$) <b>\$105<sup>16</sup></b>
Purpose of expenditure <b>refreshments for campaign reception</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/5/98</b>	Payee name <b>Whingding</b> Payee address; City; State; Zip Code <b>606 Keuniston Dr. Austin, Tx. 78752</b>	Amount (\$) <b>\$65<sup>36</sup></b>
Purpose of expenditure		-- 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>3 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/12/98</b>	5 Payee name <b>Chris Saunders</b> 6 Payee address; City; State; Zip Code <b>3713 Windsor Rd. Austin, Tx. 78703</b>	7 Amount (\$) <b>\$13462</b>
8 Purpose of expenditure <b>reimbursement for purchase of miscellaneous supplies, equipment, &amp; survey</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/9/98</b>	Payee name <b>Furrows Lumber Co.</b> Payee address; City; State; Zip Code <b>8319 No. Lamar Blvd. Austin, Tx. 78753</b>	Amount (\$) <b>\$9164</b>
Purpose of expenditure <b>yard sign stakes and nails</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/18/98</b>	Payee name <b>Furrows Lumber Co.</b> Payee address; City; State; Zip Code <b>8319 No. Lamar Blvd. Austin, Tx. 78753</b>	Amount (\$) <b>\$10820</b>
Purpose of expenditure <b>stakes for yard signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/20/98</b>	Payee name <b>Ace Printing</b> Payee address; City; State; Zip Code <b>P.O. Box 13522 Austin, Tx. 78711</b>	Amount (\$) <b>\$50000</b>
Purpose of expenditure <b>printing costs 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: <b>4 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/13/98</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<sup>00</sup></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>2/14/98</b>	Payee name <b>Will Lesieur</b> Payee address; City; State; Zip Code <b>1207 Barton Springs Austin, Tx. 78704</b>	Amount (\$) <b>\$140<sup>00</sup></b>
Purpose of expenditure <b>labor to distribute yard signs</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/14/98</b>	Payee name <b>Ace Printing</b> Payee address; City; State; Zip Code <b>P.O. Box 13522 Austin, Tx. 78711</b>	Amount (\$) <b>\$500<sup>00</sup></b>
Purpose of expenditure <b>printing to produce yard signs</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <b>2/13/98</b>	Payee name <b>Chris Saunders</b> Payee address; City; State; Zip Code <b>3713 Windsor Rd. Austin, Tx. 78703</b>	Amount (\$) <b>\$500<sup>00</sup></b>
Purpose of expenditure <b>consultation services</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: <b>5 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/24/98</b>	5 Payee name <b>U. S. Postal Service</b>	7 Amount (\$) <b>\$160<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>8225 Cross Park Drive Austin, Tx. 78710-9765</b>		
8 Purpose of expenditure <b>postage costs</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/20/98</b>	Payee name <b>The Blackstone Agency</b>	Amount (\$) <b>\$8,000<sup>00</sup></b>
Payee address; City; State; Zip Code <b>13318 Westheimer, Suite 200-171 Houston, Tx. 77077</b>		
Purpose of expenditure <b>Advertising production services</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/26/98</b>	Payee name <b>La Prensa News paper</b>	Amount (\$) <b>\$360<sup>00</sup></b>
Payee address; City; State; Zip Code <b>1304 E. 6th Street Austin, Tx. 78702</b>		
Purpose of expenditure <b>purchase ad</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/26/98</b>	Payee name <b>Ace Printing</b>	Amount (\$) <b>\$500<sup>00</sup></b>
Payee address; City; State; Zip Code <b>P.O. Box 13522 Austin, Tx. 78711</b>		
Purpose of expenditure <b>printing costs 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: <b>6 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/20/98</b>	5 Payee name <b>Chris Saunders</b>	7 Amount (\$) <b>\$1500<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>3713 Windsor Austin, Tx. 78703</b>		
8 Purpose of expenditure <b>professional consultation services</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/19/98</b>	Payee name <b>Travis County Democratic Party</b>	Amount (\$) <b>\$400<sup>00</sup></b>
Payee address; City; State; Zip Code <b>1905 No. Lamar Blvd. Austin, Tx. 78705</b>		
Purpose of expenditure <b>advertising</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/18/98</b>	Payee name <b>Loughorn Graphics</b>	Amount (\$) <b>\$611<sup>00</sup></b>
Payee address; City; State; Zip Code <b>3701 Drossett #190 Austin, Tx. 78744</b>		
Purpose of expenditure <b>campaign fliers</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <b>2/18/98</b>	Payee name <b>The Villager Newspaper</b>	Amount (\$) <b>\$315<sup>00</sup></b>
Payee address; City; State; Zip Code <b>1223 Rosewood Ave. Austin, Tx. 78702</b>		
Purpose of expenditure <b>ad purchase</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: 7 of 8

2 FILER NAME

Darwin McKee

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18/98

5 Payee name

The NOKOA News paper

7 Amount (\$)

\$407<sup>93</sup>

6 Payee address; City; State; Zip Code

1154 Angelina St.  
Austin, Tx. 78702

8 Purpose of expenditure

advertisement

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

Office sought / held

Date

2/20/98

Payee name

Eleanor Thompson

Amount (\$)

\$500<sup>00</sup>

Payee address; City; State; Zip Code

1705 Walnut Ave.  
Austin, Tx. 78702

Purpose of expenditure

professional consultant services

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

Office sought / held

Date

2/26/98

Payee name

The Capitol Times

Amount (\$)

\$551<sup>00</sup>

Payee address; City; State; Zip Code

1250 Capital of Texas Highway  
Austin, Tx. 78746

Purpose of expenditure

advertisement

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

Office sought / held

Date

2/20/98

Payee name

Austin Women's Political Caucus

Amount (\$)

\$300<sup>00</sup>

Payee address; City; State; Zip Code

800 Brazos Street  
Austin, Tx. 78701

Purpose of expenditure

advertisement

-- 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>8 of 8</b>
2 FILER NAME <b>Darwin McKee</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/25/98</b>	5 Payee name <b>Loughorn Graphics</b>	7 Amount (\$) <b>\$844<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>3701 Drossett #190 Austin, Tx. 78744</b>		
8 Purpose of expenditure <b>direct mail production costs</b>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date <b>2/14/98</b>	Payee name <b>GTE Wireless Services</b>	Amount (\$) <b>\$194<sup>80</sup></b>
Payee address; City; State; Zip Code <b>4006 South Lamar, Suite 200 Austin, Tx. 78704</b>		
Purpose of expenditure <b>telephone replacement</b>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date <b>1/30/98</b>	Payee name <b>The Opinion Analyst</b>	Amount (\$) <b>\$265<sup>65</sup></b>
Payee address; City; State; Zip Code <b>906 Rio Grande Austin, Tx. 78701</b>		
Purpose of expenditure <b>voter list &amp; data base</b>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought / held

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# 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

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

## SCHEDULE H

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

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

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		

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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