

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3968

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:

FILED
MAR 5 3 48 PM '98
TRAVIS COUNTY, TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr Darrell L
NICKNAME LAST SUFFIX
— Wilson —

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
9721 Nightjar Drive Austin Tx. 78748

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr Darrell L
NICKNAME LAST SUFFIX
— Wilson —

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
9721 Nightjar Drive Austin Tx 78748

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 280-9210

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)

12 OFFICE SOUGHT (if known)

Travis County Commissioner Pct 3

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

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

Darrell L Wilson

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ *580⁰⁰*

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

\$ *855⁰⁰*

EXPENDITURE TOTALS

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

\$ *4²⁵*

4. TOTAL POLITICAL EXPENDITURES

\$ *741⁹⁴*

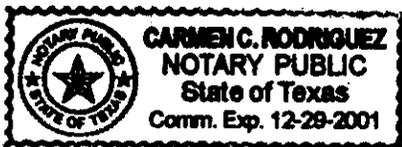
OUTSTANDING LOAN TOTALS

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.



Darrell Wilson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Darrell L. Wilson*, this the *3* day of *March*,

19 *98*, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez
Signature of officer administering oath

Carmen C. Rodriguez
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

2 FILER NAME

Darrell Wilson

3 ACCOUNT # (Ethics Commission filers)

4 Date

30 Jan 98

5 Full name of contributor

Sharron R Bell

out of state PAC

7 Amount of contribution (\$)

60⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9606 Kangaroo Lane Austin Tx 78748

9 Principal occupation

Clerk

10 Employer (optional)

Date

30 Jan 98

Full name of contributor

Bart Batta

out of state PAC

Amount of contribution (\$)

55⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10001 Great Britain Austin Tx 78748

Principal occupation

Retired

Employer (optional)

Date

30 Jan 98

Full name of contributor

Teresa McKenzie

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2202 Tanglevine Drive Austin Tx 78748

Principal occupation

Retired Engineer

Employer (optional)

Date

30 Jan 98

Full name of contributor

Patricia T Heaney

out of state PAC

Amount of contribution (\$)

60⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9011 Marsh Drive Austin Tx 78748

Principal occupation

Housewife

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Darrell L. Wilson</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>21 Feb 98</u>	5 Payee name <u>Pat. Ogrady</u>	7 Amount (\$) <u>50.00</u>
6 Payee address; City; State; Zip Code <u>7009 Bending Oak Drive Austin Tx 78749</u>		
8 Purpose of expenditure <u>Precinct 3 Voter Registration Database</u>		9 ** 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
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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Darrell L Wilson</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>30 Jan 98</u>	5 Payee name <u>Food Catering Specialist</u> 6 Payee address; City; State; Zip Code <u>1310 W FM 1626 Manchaca Tx 78741</u>	8 Amount (\$) <u>258.40</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <u>Food for Fund raiser</u>	
Date <u>30 Jan</u>	Payee name <u>Jim Rice</u> Payee address; City; State; Zip Code <u>?</u>	Amount (\$) <u>300.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <u>Band for fund raiser</u>	
Date <u>2-8-98</u> <u>102</u>	Payee name <u>Office Max</u> Payee address; City; State; Zip Code <u>5400 Brodie Ln Austin Tx 78745</u>	Amount (\$) <u>129.29</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <u>Toner Cartridge (to print campaign Literature)</u>	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED