

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

Oct 6 12:53 PM '98

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed
10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE
Constable
FIRST **Luke** MI **W**
NICKNAME LAST SUFFIX
Mercer, Sr.

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
3815 Grayson Lane, Austin, Texas 78722

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Thomas
NICKNAME LAST SUFFIX
McClinton, Sr.

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
11305 Thorny Brook Trail, Austin, Texas 78750

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 258-3352

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officer/holder 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
07 / 30 / 98 THROUGH 09 / 24 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 03 / 98
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)
Travis County Constable, Precinct One Constable, Precinct One

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

N/A

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

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. ..

N/A

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 450.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 75.00

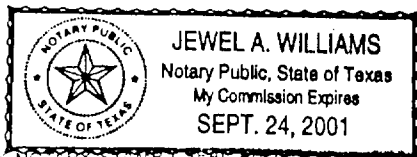
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP SEAL ABOVE

Luke W. Mercer Sr.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Luke W Mercer this the 6th day of October

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

Jewel A Williams
Signature of officer administering oath

Jewel A Williams Notary Public, State of Texas
Print name of officer administering oath 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 paper Schedule A

1

2. PLEER NAME

3. ACCOUNT # (Ethics Commission files)

LUKE W MERCER, SR.

4. Date	5. Full name of contributor	<input type="checkbox"/> out-of-state PAC	7. Amount of contribution (\$)	8. In-kind contribution description (if applicable)
9/21/98	Gilbert PrudHomme		100.00	
	6. Contributor address City State Zip Code			
	1601 Rio Grande #441 Austin, Tx 78701			

9. Principal occupation	10. Employer (optional)
Attorney	

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/98	Calvin E. Lee		100.00	
	Contributor address City State Zip Code			
	8800 IH-35N Austin, Tx 78753			

Principal occupation	Employer (optional)
Special Investigations	

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/98	Thomas McClinton, Sr.		250.00	
	Contributor address City State Zip Code			
	11305 Thorny Brook Trail Austin, Tx 78750			

Principal occupation	Employer (optional)
CPA	

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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1. Total pages Schedule B

1

2. ACCOUNT # (State Commission file)

2. FILER NAME

LUKE E MERCER, SR.

4. TOTAL OF UNITEMIZED PLEDGES

\$

N/A

5. Date	6. Full name of pledger	<input type="checkbox"/> Individual PAC	8. Amount of pledge (\$)	9. Item description (if applicable)
	7. Pledger address: City State Zip Code			

10. Principal occupation	11. Employer (optional)
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Date	Full name of pledger	<input type="checkbox"/> Individual PAC	Amount of pledge (\$)	Item description (if applicable)
	Pledger address: City State Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledger	<input type="checkbox"/> Individual PAC	Amount of pledge (\$)	Item description (if applicable)
	Pledger address: City State Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledger	<input type="checkbox"/> Individual PAC	Amount of pledge (\$)	Item description (if applicable)
	Pledger address: City State Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledger	<input type="checkbox"/> Individual PAC	Amount of pledge (\$)	Item description (if applicable)
	Pledger address: City State Zip Code			

Principal occupation	Employer (optional)
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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

LUKE W MERCER, SR.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ N/A

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME LUKE W MERCER, SR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/22/98	5 Payee name Universal Publishers	7 Amount (\$) 75.00
6 Payee address: City, State, Zip Code P O BOX 4457 Austin, TX 78765		
8 Purpose of expenditure (AD)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Travis County Constable, Precinct Office sought / held	
Date	Payee name	Amount (\$)
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 (\$)
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 (\$)
Payee address: City, State, Zip Code		
Purpose of expenditure	.. 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

3 ACCOUNT # (Ethics Commission filers)

LUKE W MERCER, SR

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

N/A

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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. 1
2 FILER NAME LUKE W MERCER, SR.		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$) N/A
8 Purpose of payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** 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:

1

2 FILER NAME

LUKE W MERCER, SR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$) N/A
	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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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K.

1

2 FILER NAME

LUKE W MERCER, SR

3 ACCOUNT # (Ethics Commission filers)

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

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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