

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4364

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
N/A

2 Total pages filed:

2

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
MICHAE(L) (NONE)
NICKNAME LAST SUFFIX
MIKE SIMPSON

OFFICE USE ONLY

Date Received
JUL 15 12 10 PM '99
FILED
CLERK
RAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11402 HUNTERS LANE
AUSTIN, TX 78753-2654

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
(same) SUFFIX
NICKNAME LAST SUFFIX

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
(same)

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 837-0347

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 / 1 / 99 THROUGH 6 / 30 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 12 / 96 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) AT THE TIME I WAS CONSTABLE, PRECINCT 2, TRAVIS CO. OFFICE SOUGHT (if known) SHERIFF - TRAVIS COUNTY

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

MICHAEL SIMPSON

15 ACCOUNT # (Ethics Commission filers)

N/A

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	<i>N/A</i>
	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	\$	<i>N/A</i>
---	----	------------

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>N/A</i>
--	----	------------

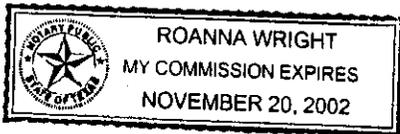
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<i>N/A</i>
--	----	------------

4. TOTAL POLITICAL EXPENDITURES	\$	<i>N/A</i>
---------------------------------	----	------------

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>N/A</i>
---	----	------------

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.

Michael Simpson

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL SIMPSON, this the 15th day of JULY, 19 99, to certify which, witness my hand and seal of office.

Roanna Wright 7/15/99

 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath