

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4368

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
Dana L.
NICKNAME LAST SUFFIX
DeBeauvoir

OFFICE USE ONLY

Date Received
JUL 15 3 11 PM '98
FILED
TRAVIS COUNTY CLERK
AUSTIN, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3715 Robinson
Austin, Tx 78722
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mina Clark
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
620 Congress Ave Austin, Tx 78701

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 495-9791

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
01 / 01 / 99 06 / 30 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

11 OFFICE

OFFICE HELD (if any)
Travis County Clerk

12 OFFICE SOUGHT (if known)

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

Dana DeBeauvoir

15 ACCOUNT # (Ethics Commission file #)

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

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

\$ —

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

\$ 0

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 885,43

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.



CARMEN C. RODRIGUEZ
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-29-2001

AFFIX NOTARY STAMP / SEAL ABOVE

Dana DeBeauvoir
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dana DeBeauvoir, this the 15 day of July, 1999, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez Notary Public *Carmen C. Rodriguez*
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS CJOH & SPAC)

| | | | | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|----------------------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 Total pages this Schedule A1: | |
| 2 FILER NAME | | | | 3 ACCOUNT # (Ethics Commission files) | |
| 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) | | |
| 6 Contributor address; City; State; Zip Code | | | | | |
| 9 Principal occupation (Optional) | | | 10 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 (Optional) | | | 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 (Optional) | | | 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 (Optional) | | | 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 (Optional) | | | 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 (Optional) | | | 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:

2 FILER NAME

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/99

5 Payee name

Capital City Argus

6 Payee address; City; State; Zip Code

P.O. Box 140471 Austin, TX 78714

7 Amount (\$)

200.00

8 Purpose of expenditure

ad, Black History Month

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

Office sought / held

Date

3/19/99

Payee name

Pinnacle Travel

Payee address; City; State; Zip Code

*12636 Research Blvd. #202C
Austin, TX 78759*

Amount (\$)

245.00

Purpose of expenditure

*SWairline tickets for speakers
to Election Study Group*

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

Office sought / held

Date

3/25/99

Payee name

Pinnacle Travel

Payee address; City; State; Zip Code

*12636 Research Blvd. #202C
Austin, TX 78759*

Amount (\$)

156.00

Purpose of expenditure

*SWairline ticket for speaker
to Election Study Group*

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

Office sought / held

Date

5/5/99

Payee name

David Ferris

Payee address; City; State; Zip Code

*1121 Oaklands
Round Rock, TX 78681*

Amount (\$)

30.00

Purpose of expenditure

*reimbursement for refreshments for
Imaging Project meeting*

-- 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**
F

| | |
|-----------------------------------------------------------|----------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule G: |
| 2 FILER NAME <i>Dana DeBeauvoir</i> | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|--------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 4 Date <i>6/28/99</i> | 5 Payee name <i>Debra Goodlett</i> | 8 Amount (\$) <i>254.43</i> |
| | 6 Payee address; City; State; Zip Code <i>1529 Visalia Austin, TX 78727</i> | |
| | 7 Purpose of expenditure <i>reimbursement for refreshments for staff retirement reception</i> | <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 |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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 | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

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