

C/OH REPORT: DESIGNATION OF FINAL REPORT

4400

FORM C/OH - FF

See C/OH Instruction Booklet for detailed instructions.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME


Michael Anthony Carter

2 ACCOUNT #

3

CANDIDATE / OFFICEHOLDER

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

CANDIDATE

-- Complete A & B below only if you are a candidate and not an officeholder --

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 both a candidate and 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.

NOV 11 11 21 AM '99

FILED

Signature of Officeholder

CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH
PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE NICKNAME	FIRST LAST	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST LAST	MI SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
10 ELECTION	Month	Day	Year
11 OFFICE	OFFICE HELD (if any)	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		

OFFICE USE ONLY

NOV 18 11 22 AM '99

FILED

Mr Michael Anthony
Carter

3202 Hyclimb Cir
Austin, Texas 78723

Mr Darwin
McKee

(512) 452-0042

1/1/92 THROUGH 11/18/99

3/10/92 Primary

Constable, Precinct 8ue

additional pages

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

See INSTRUCTION GUIDE for detailed instructions.					1	Total pages Schedule A:
2 FILER NAME <i>Michael Anthony Carter</i>					3 ACCOUNT #	
4 Date <i>2-18-92</i>	5 Full name of contributor <i>Louis Murillo</i>	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>1019 W 32nd St Austin, Texas 78705</i>						
9 Principal occupation			10 Employer (optional)			
Date <i>2-26-92</i>	Full name of contributor <i>Jo Bayler</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) <i>Poster Sign</i>		
Contributor address; City; State; Zip Code						
Principal occupation			Employer (optional)			
Date <i>2-28-92</i>	Full name of contributor <i>Austin Police PAC</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>708 Colorado suite 616 Austin, TX 78701</i>						
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)			
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)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

See INSTRUCTION GUIDE for detailed instructions.

1 Total pages Schedule E:

3 ACCOUNT #

2 FILER NAME

Michael Anthony Carter

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

1-1-92

7 Name of lender

Geraldine Tucker Carter

9 Interest rate

11 Loan Amount (\$)

6

Is lender a financial institution?
Y N

8 Lender address: City: State: Zip Code

3202 Hyclimb Cir
Austin, Texas 78723

10 Maturity date

\$1,000.00

12

Description of Collateral

none

13

GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Principal Occupation

17 Employer

18 Amount Guaranteed (\$)

Date of loan

Name of lender

Interest rate

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address: City: State: Zip Code

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Principal Occupation

Employer

Amount Guaranteed (\$)

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POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule F:
2 FILER NAME Michael Anthony Carter		3 ACCOUNT #	
4 Date 1-9-92	5 Payee name Cecelia Burke	7 Amount (\$) \$ 67.50	
6 Payee address: City: State: Zip Code Travis, County Court House			
8 Purpose of expenditure Street hist of Precinct		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 1-24-92	Payee name Quick Print	Amount (\$) \$ 55.31	
Payee address: City: State: Zip Code			
Purpose of expenditure Flyers Copying		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 1-25-92	Payee name Austin Screen Graphics	Amount (\$) \$ 396.38	
Payee address: City: State: Zip Code			
Purpose of expenditure Yard Signs		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	
Date 1-30-92	Payee name Cook Adv. Spec. Inc	Amount (\$) \$ 159.30	
Payee address: City: State: Zip Code 5908 Aurora St Austin, TX 78757			
Purpose of expenditure Buttons		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office held / sought	

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