

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4488

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.  
*5*

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Michael R.*  
NICKNAME LAST SUFFIX  
*Hemer*

OFFICE USE ONLY

Date Received: *JAN 18 1 57 PM '00*  
FILED  
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
*2400 White Horse Trl, Houston, Tx 77057*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Maureen*  
NICKNAME LAST SUFFIX  
*Carter*

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  
*6405 Wilbur Drive, Houston, Tx 77057*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(512) 451-6378*

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  
*12 / 21 / 99 THROUGH 12 / 31 / 99*

10 ELECTION

ELECTION DATE: Month Day Year  
*05 / 14 / 00*  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any): *none*  
OFFICE SOUGHT (if known): *none (as of date report filed)*

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 R. Homer 15 ACCOUNT # (Ethics Commission filer) 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. \*\*

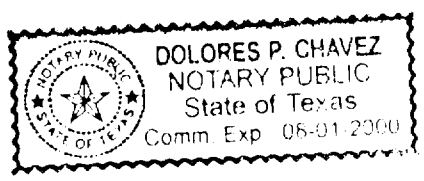
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>n/a</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,410.70</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>20,000.00</u>

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 R. Homer  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael R. Homer this the 18th day of January 2009, to certify which, witness my hand and seal of office.

Dolores P. Chavez Dolores P. Chavez NOTARY PUBLIC  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

*1*

2 FILER NAME

*Michael R. Hemmer*

3 ACCOUNT # (Ethics Commission filers)

*n/a*

4 TOTAL OF UNITEMIZED LOANS:

⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$

5 Date of loan

*12/21/99*

7 Name of lender

out of state PAC

*Michael R. Hemmer*

9 Loan Amount (\$)

*\$20,000.00*

6 Is lender a financial institution?

Y  N

8 Lender address, City, State, Zip Code

*2400 White Horse Tr, Austin, Tx. 78757*

10 Interest rate

*-0-*

11 Maturity date

*on demand*

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

*n/a*

16 Amount Guaranteed (\$)

not applicable

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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:

2

2 FILER NAME

Michael R. Palmer

3 ACCOUNT # (Ethics Commission filers)

n/a

4 Date

5 Payee name

7 Amount (\$)

12/21/99

Maria Cervantes

\$175.00

6 Payee address: City, State, Zip Code

c/o Worthy Printing Co., Inc. 3211 Alameda,  
Austin, Texas 78722

8 Purpose of expenditure

photographer services

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

Office sought / held

Date

Payee name

Amount (\$)

12/21/99

Travis County Democratic Party

\$8.00

Payee address: City, State, Zip Code

P.O. Box 684263  
Austin, Texas 78768

Purpose of expenditure

Primary filing fee, Justice of  
the Peace, Precinct 5

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

Office sought / held

Date

Payee name

Amount (\$)

12/28/99

Travis County Tax Assessor Collector

\$52.00

Payee address: City, State, Zip Code

1010 Lauren Street  
Austin, Texas 78701

Purpose of expenditure

precinct maps

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

Office sought / held

Date

Payee name

Amount (\$)

12/30/99

Travis County Tax Assessor Collector

\$58.70

Payee address: City, State, Zip Code

1010 Lauren Street  
Austin, Texas 78701

Purpose of expenditure

voter registration database

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

Office sought / held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2

2 FILER NAME

*Michael R. Herrer*

3 ACCOUNT # (Ethics Commission filers)

*n/a*

4 Date

*12/31/99*

5 Payee name

*Texas County Democratic Party*

7 Amount (\$)

*\$310.00*

6 Payee address; City State Zip Code

*P.O. Box 684263  
Austin, Texas 78768*

8 Purpose of expenditure (See instructions regarding type of information required)

*sponsorship and tickets for  
Filing Day Dinner 2000*

9 \*\* 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 (See instructions regarding type of information required)

\*\* 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 (See instructions regarding type of information required)

\*\* 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 (See instructions regarding type of information required)

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED