

DATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4506

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

11

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
 NICKNAME LAST SUFFIX
 MICHAEL A
 CARTER MR.

OFFICE USE ONLY

Date Received

JAN 18 3 59 PM '00

FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
 Po. Box 16311 AUSTIN, TX 78761

Change of Address

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
 NICKNAME LAST SUFFIX
 TREASURER SUNDY F.
 OGONRO

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
 4700 LOYOLA LANE #101 AUSTIN, TX 78723

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (512) 928-9860

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 / 29 / 99 THROUGH 01 / 15 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 03 / 14 / 00 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

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 MICHAEL A. CARTER	15 ACCOUNT # (Ethics Commission Use)
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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	COMMITTEE NAME N/A <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
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additional pages

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	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ N/A
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 800.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____ this the _____ day of _____

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

MICHAEL A. CARTER

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

N/A

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

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

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

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

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B

1

2 FILER NAME Michael A. GARCIA
N/A

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out of state PAC

N/A

7 Pledgor address, City, State, Zip Code

8 Amount of pledge (\$)

9 In-kind description (if applicable)

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor out of state PAC

Pledgor address, City, State, Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Pledgor address, City, State, Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Pledgor address, City, State, Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Pledgor address, City, State, Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

MICHAEL A. CARVER

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 0

5 Date of loan

1-15-00

7 Name of lender

BRUCE THOMPSON

out of state PAC

9 Loan Amount (\$)

\$ 1000.00

6 Is lender a financial institution?

Y (N)

8 Lender address: City, State, Zip Code

1304 White Dove Cove
Cedar Park, Texas 78613

10 Interest rate

- 0 -

11 Maturity date

03-14-00

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

N/A

16 Amount Guaranteed (\$)

N/A

not applicable

15 Guarantor address: City, State, Zip Code

17 Principal Occupation

N/A

18 Employer

Date of loan

1-14-00

Name of lender

GERMINE TUCKER

out of state PAC

Loan Amount (\$)

\$ 1000.00

Is lender a financial institution?

Y (N)

Lender address: City, State, Zip Code

3222 Hydrick Circle
Austin, Texas 78725

Interest rate

- 0 -

Maturity date

03-14-00

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

N/A

Amount Guaranteed (\$)

N/A

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.

1

MICHAEL A. CARTER

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

MICHAEL A. CARTER

4 Date

5 Payee name

7

Amount (\$)

1-03-00

TEXAS DEMOCRATIC PARTY

\$800.00

6 Payee address, City State Zip Code

1311 E 6TH STREET AUSTIN, TX 78701

8 Purpose of expenditure

FILING FEE

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

MICHAEL A. CARTER

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

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

MICHAEL A. CARTER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

6 Payee address: City, State, Zip Code

8 Amount (\$)

7 Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address: City, State, Zip Code

Amount (\$)

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

2 FILER NAME

MICHAEL A. CARTER

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address, City, State, Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address, City, State, Zip Code

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

MICHAEL A. CAHILL

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

N/A

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

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1

FILER NAME

3 ACCOUNT # (Ethics Commission filers)

MICHAEL A. CARTER

Date	5 Payor name MIA	8 Amount (\$)
	6 Payor address, City, State, Zip Code	
	7 Reason for credit	

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

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

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

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

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

Michael A. Carter

2 ACCOUNT # (Ethics Commission Use)

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.

Michael A. Carter
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.

Michael A. Carter
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