

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4509

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
NICKNAME	LAST	SUFFIX
	Flynn	A
	Lee	

OFFICE USE ONLY

Date Received
 RECEIVED
 TREASURER'S OFFICE
 TEXAS ETHICS COMMISSION
 JAN 18 4 26 PM '00
 FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE	ZIP CODE
2103 Staffern		Austin	Tx	78722
PO Box 6272		"	"	78762

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
NICKNAME	LAST	SUFFIX
	DeWalt	W.
	Kofron	

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
4709 Carson Hill		Austin Tx		78723

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	929-0774	

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officerholder 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	03	00		01	15	00

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
03 / 14 / 00	

11 OFFICE

OFFICE HELD (if any)
N/A

12 OFFICE SOUGHT (if known)

Constable

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

Flynn A. Lee

15 ACCOUNT # (Ethics Commission files)

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

SPECIFIC

None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$ *0*

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

\$ *150.00*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *3330.00*

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *3600.00*

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Flynn A. Lee* this the *15th* day of *January* *2000*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Armando Martinez
Print name of officer administering oath

ARMANDO R. MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES *2003*

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

Flynn A Lee

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

out of state PAC

THE BURKE GROUP.

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

\$150.00

9308 MANITON SPRINGS LANE

9 Principal occupation (Optional)

PRIVATE CONTRACT

10 Employer (Optional)

N/A

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 (Optional)

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 (Optional)

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 (Optional)

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 (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.

PLEGGED CONTRIBUTIONS

SCHEDULE B1 (FOR FORMS C/OH & SPAC)

N/A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule B

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

2 FILER NAME

Flynn A Lee

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

5 Date of loan

1/6/00

7 Name of lender

Flynn A. Lee

out of state PAC

9 Loan Amount (\$)

\$ 2500⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

P.O. Box 6277 Austin, TX 78762

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address, City, State, Zip Code

16 Amount Guaranteed (\$)

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

not applicable

Name of guarantor

Guarantor address, City, State, Zip Code

Amount Guaranteed (\$)

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 FILER NAME

Flynn A Lee

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/30/99

Tex Democratic Party

\$500.00

6 Payee address. City: State: Zip Code

1311 E 6th St Austin, TX 78701

8 Purpose of expenditure

9 Complete if direct expenditure to benefit C/OH
Candidate: Officer/holder name Office sought/held

Sign up fee / campaign

Constable

Date

Payee name

Amount (\$)

11/06/99

Chris Saunders

\$500.00

Payee address. City: State: Zip Code

3700 Winter Windsor Rd Austin TX 78703

Purpose of expenditure

Complete if direct expenditure to benefit C/OH
Candidate: Officer/holder name Office sought/held

Campaign materials

Co-sharable

Date

Payee name

Amount (\$)

11/10/99

Stacey Scrites

\$2000.00

Payee address. City: State: Zip Code

P.O. Box 9347 Austin TX 78713

Purpose of expenditure

Complete if direct expenditure to benefit C/OH
Candidate: Officer/holder name Office sought/held

Campaign signs

Constable

Date

Payee name

Amount (\$)

1/30/99

Tex Democratic Party Dinner

\$30.00

Payee address. City: State: Zip Code

Purpose of expenditure

Complete if direct expenditure to benefit C/OH
Candidate: Officer/holder name Office sought/held

Tickets

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4508

FORM JC/OH
COVER SHEET PG 1

The JC/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
Paul
NICKNAME LAST SUFFIX
Davis

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX APT. / SUITE # CITY STATE ZIP CODE
P.O. Box 1748 Austin, Texas 78767

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Charles D.
NICKNAME LAST SUFFIX
Craig

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT. / SUITE # CITY STATE ZIP CODE
808 West 11th Street Austin, Texas 78701

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 477-7785

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 9th day before election Exceeded \$500 limit Final report (Attach JC/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 01 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): OFFICE SOUGHT (if known)
JUDGE, 200th DIST. CT. JUDGE, 200th DIST. CT.

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

OFFICE USE ONLY

Date Received
JAN 18 4 07 PM '00
FILED

Receipt # Amount

Date Processed

Date Imaged

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

PAUL DAVIS

15 ACCOUNT # (Ethics Commission filers)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS); UNLESS ITEMIZED	\$ -0-
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS);	\$ -0-
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$6,789.78
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,539.03
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

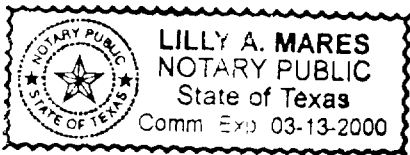
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 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.



Paul Davis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Davis, this the 18th day of January, 2000, to certify which, witness my hand and seal of office.

Lilly A. Mares

Lilly Mares

Notary Public

Signature of notary administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME PAUL DAVIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

SEE ATTACHED

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

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

Expenses 7/1/99 - 12/31/99

Date	Ck#	Payee	Amt	Purpose
2-Jul	793	USPO	\$ 649.00	Postage
2-Jul	794	Kinko's		Printing
5-Aug	795	Chris Saunders	\$1,200.00	Campaign Services
	796	Void		
5-Aug	797	Paul Davis	\$ 36.23	Staff lunch
20-Aug	798	Logic Approach	\$ 69.28	Computer supplies
30-Aug	799	Office Depot	\$ 27.34	Office supplies
7-Sep	800	El Mercado	\$ 54.00	Staff lunch
9-Sep	826	Curras	\$ 70.00	Staff lunch
15-Sep	827	Vinny's	\$ 44.00	Staff lunch
17-Sep	828	South Austin Democrats	\$ 100.00	Event sponsor
4-Oct	829	El Mercado	\$ 46.00	Staff lunch
5-Oct	830	Romeos	\$ 54.00	Staff lunch
11-Oct	831	El Mercado	\$ 25.00	Lunch w/ County Auditor
11-Oct	832	Volunteer Legal Services	\$ 750.00	Ad in "Bar & Grill" program
	833	Void		
14-Oct	834	Office Depot	\$ 88.72	Office supplies
21-Oct	835	Central Market	\$ 59.85	Funeral flowers
25-Oct	836	Allens Boots	\$ 64.94	Present for German intern
15-Nov	837	Twin Oaks Hardware	\$ 5.16	Office supplies
14-Nov	838	Office Depot	\$ 38.91	Office supplies
16-Nov	839	Pack 14	\$ 30.00	Popcorn for office
23-Nov	840	Office Depot	\$ 64.94	Office supplies
24-Nov	841	Container Store	\$ 48.85	Office supplies
30-Nov	842	Paul Davis	\$ 794.18	Reimb - staff meals
1-Dec	843	Schlotzky's	\$ 21.44	Staff lunch
4-Dec	844	Office Depot	\$ 41.11	Office supplies
14-Dec	845	Laser Recharge of Texas	\$ 37.35	Printer cartridges
14-Dec	846	Travis County Democratic Pa	\$1,200.00	Filing fee
15-Dec	847	Travis County Democratic Pa	\$1,000.00	Finance committee
16-Dec	848	HEB	\$ 35.97	Staff lunch
17-Dec	849	Bookpeople	\$ 103.51	Staff presents
20-Dec	850	Threadgill's	\$ 30.00	Staff lunch
		Total	\$6,789.78	

ATTACHMENT FOR SCHEDULE F

PAUL DAVIS