

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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

*10 pages*

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Flynn A.*  
 NICKNAME LAST SUFFIX  
*Lee*

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
*2103 Stafford Austin, TEXAS 78722*  
 Change of Address *P.O. Box 6277 Austin, TEXAS 78762*

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Dwayne W.*  
 NICKNAME LAST SUFFIX  
*Lofton*

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
*4709 Carson Hill, Austin, TEXAS 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 (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  
*1/16/00 THROUGH 2/11/00*

10 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
*3/14/00*  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

*N/A*

12 OFFICE SOUGHT (if known)

*Constable, Pct. 1*

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 Use)

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	<i>N/A</i>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

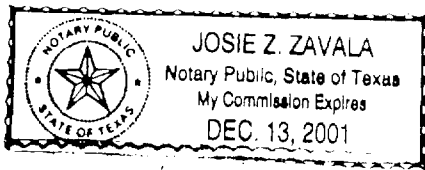
17 NO REPORTABLE ACTIVITY

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)	\$ 845.00
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 59.37
4. TOTAL POLITICAL EXPENDITURES	\$ 3092.64
OUTSTANDING LOAN TOTALS	
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6422.64

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 *17th* day of *February* *2000*, to certify which, witness my hand and seal of office

*Josie Z. Zavala*  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1/3

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNT # (Ethics Commission form)

4 Date

*1/27/00*

5 Full name of contributor

*Richard & Annie Robinson*

out of state PAC

7 Amount of contribution (\$)

*150.00*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*1171 Harvey Ln. #143  
Austin, TX 78702*

9 Principal occupation

10 Employer (optional)

Date

*1/27/00*

Full name of contributor

*Brian Robinson*

out of state PAC

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*4501-A Glade Lane  
Austin, TEXAS 78744*

Principal occupation

Employer (optional)

Date

*1/27/00*

Full name of contributor

*The Law Office of Dexter  
Gifford*

out of state PAC

Amount of contribution (\$)

*175.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*700 SAN ANTONIO ST.  
Austin, TEXAS 78701*

Principal occupation

Employer (optional)

*Law Firm / attorney*

Date

*1/31/00*

Full name of contributor

*Ruth Ann Kasky*

out of state PAC

Amount of contribution (\$)

*160.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*5218 Brasswood Ln.  
Austin, TEXAS 78723*

Principal occupation

Employer (optional)

Date

*2/1/00*

Full name of contributor

*Cheryl Brown*

out of state PAC

Amount of contribution (\$)

*150.00*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*9005 Bancroft  
Austin, TX. 78729*

Principal occupation

Employer (optional)

*County Employee*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2/3

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNT # (Ethics Commission form)

4 Date

2/2/00

5 Full name of contributor

*Helen Edwards*

out of state PAC

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

5202 Woodmoor Dr.  
Austin, TEXAS 78721

9 Principal occupation

10 Employer (optional)

Date

2/4/00

Full name of contributor

*Dorothy H. Drebo*

out of state PAC

Amount of contribution (\$)

5100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

6802 Kings Point Ln.  
Austin, TEXAS

Principal occupation

Employer (optional)

Date

2/7/00

Full name of contributor

*Paul S. Ruiz*

out of state PAC

Amount of contribution (\$)

5100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

222 E. Riverside #128  
Austin, TEXAS 78704

Principal occupation

Employer (optional)

*Attorney*

Date

2/7/00

Full name of contributor

*Carla Nickerson & Willis Adams*

out of state PAC

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

1194 San Bernard St.  
Austin, TX, 78712

Principal occupation

Employer (optional)

Date

2/10/00

Full name of contributor

*Alice & Paul Andrews*

out of state PAC

Amount of contribution (\$)

5100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

2803 French Pl.  
Austin, TX, 78722-2825

Principal occupation

Employer (optional)

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

*3/3*

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNT # (Ethics Commission form)

4 Date

*2/10/00*

5 Full name of contributor

*Harry & Raymond Coleman*

out of state PAC

7 Amount of contribution (\$)

*5,100.00*

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

*4802 Russett Hill Dr.  
Austin, TX 78723*

9 Principal occupation

10 Employer (optional)

Date

*2/12/00*

Full name of contributor

*Keith Caridine*

out of state PAC

Amount of contribution (\$)

*1,500.00*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*1735 Rutland Dr. #220  
Austin, TX 78758*

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.

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1/1

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

*2/1/00*

7 Name of lender

*Flynn A. Lee*

out of state PAC

9 Loan Amount (\$)

*\$3092.64*

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

*N/A*

16 Amount Guaranteed (\$)

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

not applicable

Name of guarantor

Amount Guaranteed (\$)

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.

1/4

2 FILER NAME

Flynn A. Lee

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

1/19/00

Home Depot

6 Payee address; City, State, Zip Code

7211 N. I.H. 35  
Austin, TEXAS 78752

\$579.37

8 Purpose of expenditure

Yard Sign Stakes

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

Office sought / held

Date

Payee name

Amount (\$)

1/21/00

Stacy Suits

Payee address; City, State, Zip Code

P.O. Box 9347  
Austin, TEXAS 78

\$1,1734.00

Purpose of expenditure

Signs

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

Office sought / held

Date

Payee name

Amount (\$)

1/24/00

Furnow

Payee address; City, State, Zip Code

Austin, TEXAS

\$45.44

Purpose of expenditure

Sign materials

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

Office sought / held

Date

Payee name

Amount (\$)

1/21/00

Home Depot

Payee address; City, State, Zip Code

7211 N. I.H. 35  
Austin, TEXAS 78752

\$28.15

Purpose of expenditure

Yard Sign Stakes

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2/4

2 FILER NAME

Flynn A. Lee

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount  
(\$)

1/24/00

6 Payee address; City, State, Zip Code

Home Depot  
7211 N. I.H. 35  
Austin, TX. 78752

\$56.12

8 Purpose of expenditure

Yard Sign Stakes

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

Office sought / held

Date

Payee name

Amount  
(\$)

1/27/00

Payee address; City, State, Zip Code

J. EGM Printing + Design  
2900 E. 12th St.  
Austin, TEXAS 78702

\$32.47

Purpose of expenditure

Business Cards

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

Office sought / held

Date

Payee name

Amount  
(\$)

1/28/00

Payee address; City, State, Zip Code

Home Depot  
7211 N. I.H. 35  
Austin, TX. 78752

\$74.45

Purpose of expenditure

YARD Sign Stakes

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

Office sought / held

Date

Payee name

Amount  
(\$)

1/28/00

Payee address; City, State, Zip Code

Michael Lofton  
4709 Carson Hill Dr.  
Austin, TX 78723

\$45.00

Purpose of expenditure

T.V. Production

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

3/4

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNTS (Ethics Commission fees)

4 Date

5 Payee name

*Alamo Printing*

7 Amount (\$)

*1/29/00*

6 Payee address; City, State, Zip Code

*1308 51st.  
Austin, TX 78723*

*1,800.00*

8 Purpose of expenditure

*Printing Services*

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

Office sought / held

Date

Payee name

*Home Depot*

Amount (\$)

*2/5/00*

Payee address; City, State, Zip Code

*7211 N. I.H. 35  
Austin, TEXAS 78752*

*1,384.18*

Purpose of expenditure

*Yard Sign Stakes*

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

Office sought / held

Date

Payee name

*Home Depot*

Amount (\$)

*2/6/00*

Payee address; City, State, Zip Code

*7211 N. I.H. 35  
Austin, TEXAS 78752*

*159.15*

Purpose of expenditure

*Sign materials*

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

Office sought / held

Date

Payee name

*Office Depot*

Amount (\$)

*2/8/00*

Payee address; City, State, Zip Code

*816 Tirado St.  
Austin, TEXAS 78752*

*159.73*

Purpose of expenditure

*Office Supplies*

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4/4

2 FILER NAME

*Flynn A. Lee*

3 ACCOUNT # (Ethics Commission (year))

4 Date

5 Payee name

7 Amount (\$)

*2/12/00*

*Home Depot*

6 Payee address; City, State, Zip Code

*7211 N.I.H. 35  
Austin, TEXAS 78752*

*535.21*

8 Purpose of expenditure

*Ymo Sign Materials*

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

.. 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED