

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 files)
n/a

2 Total pages filed:
4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Michael R.
NICKNAME LAST SUFFIX
Hemer

OFFICE USE ONLY

Date Received: *13 12 00*

Date Hand-delivered to this Post Office

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
*2400 White Horse Trail
Austin, Tx. 78757*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Maureen
NICKNAME LAST SUFFIX
Carter

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
*6405 Wilbur Drive
Austin, Texas 78757*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 457-6378

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 COH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01/01/00 THROUGH 06/30/00

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
1 / 1 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
None

12 OFFICE SOUGHT (if known)
None

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. Hemer **15 ACCOUNT # (Ethics Commission Use)** 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. --

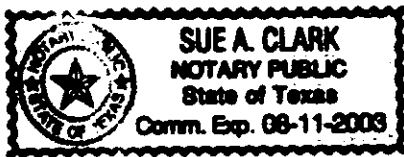
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>n/a</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 48 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 842 ⁸⁹
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,242 ⁸²

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Michael R. Hemer
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael R. Hemer this the 13th day of July, 20 00, to certify which, witness my hand and seal of office.

Sue A. Clark SUE A. CLARK NOTARY PUBLIC
Signature of officer administering oath Printed 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 <i>Michael R. Hener</i>		3 ACCOUNT # (Ethics Commission files) <i>n/a</i>
4 Date <i>1/21/00</i>	5 Payee name <i>Bank of America, N.A.</i>	7 Amount (\$) <i>\$53.00</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 2518, Houston, Texas 77252-2518</i>		
8 Purpose of expenditure <i>Checkbook register/checks</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>1/25/00</i>	Payee name <i>Worley Printing Co., Inc.</i>	Amount (\$) <i>\$263.59</i>
Payee address; City; State; Zip Code <i>3217 N. I.H. 35 Austin, Texas 78722</i>		
Purpose of expenditure <i>Printing</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/16/00</i>	Payee name <i>Check Mark Typesetting</i>	Amount (\$) <i>\$478.30</i>
Payee address; City; State; Zip Code <i>3217 N. I.H. 35 Austin, Texas 78722</i>		
Purpose of expenditure <i>typesetting, bumper stickers</i>		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		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: _____
2 FILER NAME _____		3 ACCOUNT # (Ethics Commission files) _____
4 TOTAL OF UNITEMIZED LOANS: _____ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$ _____		
5 Date of loan _____	7 Name of lender _____ <input type="checkbox"/> out of state PAC	9 Loan Amount (\$) _____
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code _____	10 Interest rate _____
		11 Maturity date _____
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> 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.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

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

1 C/OH NAME

Michael R. Hemer

2 ACCOUNT # (Ethics Commission Bars)

n/a

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 R. Hemer
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 R. Hemer
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