

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**4651**

**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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>MICHAEL (NONE)</b>	OFFICE USE ONLY  Date Received  Receipt # HD / PM Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <b>MIKE SIMPSON</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <b>11402 HUNTERS LANE AUSTIN, TX 78753</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 TRAVIS COUNTY                  JUL 18 8 50 AM '00             </div>	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>(same)</b>	Amount NO.	
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE <b>(same)</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 837-0347</b>		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 2000    THROUGH    6 / 30 / 2000</b>		
10 ELECTION	ELECTION DATE: Month Day Year <b>3 / 12 / 96</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <b>AT THE TIME, I WAS CONSTABLE, PCT. 2 - TRAVIS CO.</b>	12 OFFICE SOUGHT (if known) <b>SHERIFF - TRAVIS COUNTY</b>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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	<b>N/A</b>	
	Address / PO Box APT / Suite # City State Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <b>MICHAEL SIMPSON</b>	15 ACCOUNT # (Ethics Commission files) <b>N/A</b>
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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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

*N/A*

additional pages

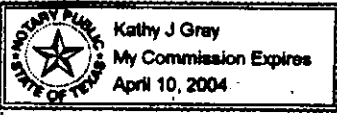
17 NO REPORTABLE ACTIVITY

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

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 Simpson*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL SIMPSON this the 14th day of July 2000, to certify which, witness my hand and seal of office.

*Kathy J. Gray*

Signature of officer administering oath

**Kathy J. Gray**

Print name of officer administering oath

NOTARY PUBLIC  
*Acet Tech Sr*

Title of officer administering oath