

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4654

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: 4
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
	Mr	Kevin	M	Date Received
		Ward		JUL 10 11 50 AM '00

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> Change of Address	P.O. Box 81828		Austin, Texas		78708

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	MD / PM
		Joy		Amount
		Smith		Date Processed
				Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	15026 Wellsport Dr.		Austin, Tx		78728

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	990-1816	

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
	01	01	2000		07	15	2000

10 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	11 / 7 / 2000	

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
		Travis Co. Constable, Prec. 2

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
<input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Kevin M. Ward

15 ACCOUNT # (Ethics Commission Uses)

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

GENERAL

SPECIFIC

COMMITTEE NAME

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)

\$ 170.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

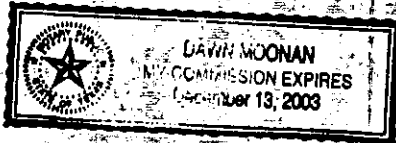
\$ 430.10

OUTSTANDING LOAN TOTALS

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

\$ 993.00

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.

Kevin M. Ward

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Ward this the 17th day of July 2000 to certify which, witness my hand and seal of office.

Dawn Moonan
Signature of officer administering oath

Dawn Moonan
Print name of officer administering oath

Rec. Mgr.
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

2 FILER NAME

Kevin M. Ward

3 ACCOUNT # (Ethics Commission file)

4 Date

1/16/00

5 Full name of contributor

M. C. Tyer

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City State Zip Code

12011 Trignon Ln., Austin, TX 78797

9 Principal occupation

10 Employer (optional)

Date

1/31/00

Full name of contributor

Mark or Sharon Coats

out of state PAC

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

6303 Weeks Cove, Austin, TX 78727

Principal occupation

Employer (optional)

Date

1/31/00

Full name of contributor

Frank or Leslie Pool

out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

9211 Knoll Crest Loop, Austin, TX 78759

Principal occupation

Employer (optional)

Date

4/24/00

Full name of contributor

Ronald or Shirley Ripson

out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

11114 Crossland Dr., Austin, TX 78726

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:

• • • • •

\$

5 Date of loan

7/10/00

7 Name of lender

Kevin Ward

out of state PAC

9 Loan Amount (\$)

\$293.00

6 Is lender a financial institution?

Y

(N)

8 Lender address

14717 Bescott Dr.
Austin, TX 78728

City

State

Zip Code

10 Interest rate

0%

11 Maturity date

None

12 Description of Collateral:

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address

City

State

Zip Code

17 Principal Occupation

Emergency Services Consultant

18 Employer

Self

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

Name of guarantor

Amount Guaranteed (\$)

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

2 FILER NAME

Kevin M. Ward

3 ACCOUNT # (Ethics Commission form)

4 Date

11/18/00

5 Payee name

United States Postal Service

7 Amount (\$)

\$ 32,00

6 Payee address City State Zip Code

Bluebonnet Station 78708

8 Purpose of expenditure

P.O. Box for campaign

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

Office sought / held

Date

1/21/00

Payee name

City Stamp and Seal

Amount (\$)

\$ 25.28

Payee address City State Zip Code

1308-A W. Anderson Ln., Austin, TX 78757

Purpose of expenditure

Self Inking Stamps for campaign

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

Office sought / held

Date

3/8/00

Payee name

Wells Branch Neighborhood Assn.

Amount (\$)

\$ 80.00

Payee address City State Zip Code

2106 Klattenhoff, Austin, TX 78728

Purpose of expenditure

Advertise in newsletter

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

Office sought / held

Date

5/9/00

Payee name

Checkmark Typesetting

Amount (\$)

\$ 292.82

Payee address City State Zip Code

3217 N. IH 35, Austin, TX 78722

Purpose of expenditure

Business Cards

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

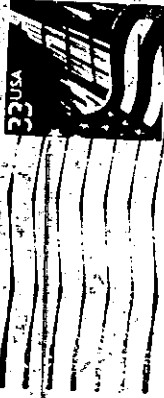
Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

KEVIN WALSH

Democrat for Constable Pet 2

P.O. Box 81828 Austin, TX 78767



Travis Co. Clerk
Elections Division
P.O. Box 1748
Austin, Tx 78767

78767/1748

