

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

KEVIN MISKELL CAMPAIGN

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

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

\$ 1,360⁰⁰/_{xx}

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 698⁰⁰/_{xx}

OUTSTANDING
LOAN TOTALS

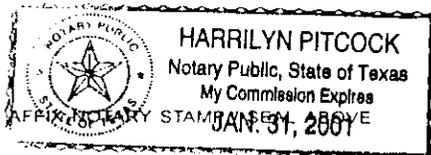
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Kevin Miskell, this the 31st day of October

2007, to certify which, witness my hand and seal of office.

HARRILYN PITCOCK

NOTARY PUBLIC

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 of 4	
2 FILER NAME KEVIN MISKELL CAMPAIGN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/2000	5 Full name of contributor <input type="checkbox"/> out of state PAC LESLIE J. ANDERSON	7 Amount of contribution (\$) \$100 ⁰⁰ /xx	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1209 WEST 5TH STREET AUSTIN, TEXAS 78703			
9 Principal occupation ACCOUNTANT		10 Employer (optional)	
Date 10/18/2000	Full name of contributor <input type="checkbox"/> out of state PAC WILSON SPEIR	Amount of contribution (\$) \$30 ⁰⁰ /xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11,900 JESS DRIVE AUSTIN, TEXAS 78736			
Principal occupation RETIRED		Employer (optional)	
Date 10/17/2000	Full name of contributor <input type="checkbox"/> out of state PAC BETSY PRIEST	Amount of contribution (\$) \$100 ⁰⁰ /xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1417 PRESTON AVENUE AUSTIN, TEXAS 78703			
Principal occupation REAL ESTATE MANAGEMENT		Employer (optional)	
Date 10/19/2000	Full name of contributor <input type="checkbox"/> out of state PAC BERT PENCE	Amount of contribution (\$) \$100 ⁰⁰ /xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 RIO GRANDE AUSTIN, TEXAS 78701			
Principal occupation REAL ESTATE MANAGEMENT		Employer (optional)	
Date 10/20/2000	Full name of contributor <input type="checkbox"/> out of state PAC ROBERT L. WIGGINS	Amount of contribution (\$) \$50 ⁰⁰ /xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4405 PACK SADDLE PASS AUSTIN, TEXAS 78745			
Principal occupation INSURANCE		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 4	
2 FILER NAME KEVIN MISKELL CAMPAIGN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/23/2000	5 Full name of contributor <input type="checkbox"/> out of state PAC TOM WISSER	7 Amount of contribution (\$) \$50.00/xx	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1748 AUSTIN, TEXAS 78767			
9 Principal occupation		10 Employer (optional)	
Date 10/23/2000	Full name of contributor <input type="checkbox"/> out of state PAC BRUCE M. WILLENZIK	Amount of contribution (\$) \$25.00/xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4428 GILLIS STREET AUSTIN, TEXAS 78745			
Principal occupation		Employer (optional)	
Date 10/23/2000	Full name of contributor <input type="checkbox"/> out of state PAC WILLIAM W. MORGAN	Amount of contribution (\$) \$50.00/xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8903 CRAWFORD HILLS DRIVE AUSTIN, TEXAS 78737			
Principal occupation RETIRED		Employer (optional)	
Date 10/23/2000	Full name of contributor <input type="checkbox"/> out of state PAC DEBBIE RICKETSON	Amount of contribution (\$) \$100.00/xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4424 CAMPO VERDE DRIVE AUSTIN, TEXAS 78749			
Principal occupation		Employer (optional)	
Date 10/24/2000	Full name of contributor <input type="checkbox"/> out of state PAC CHARLES F. MATHEWS	Amount of contribution (\$) \$25.00/xx	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4117 RIDGELINE DRIVE AUSTIN, TEXAS 78731			
Principal occupation RETIRED		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 4

2 FILER NAME

KEVIN MISKELL CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/2000

5 Full name of contributor

WILLIAM R. YOUNGER

 out of state PAC

7 Amount of contribution (\$)

\$50⁰⁰/_{xx}

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2701 LITTLE JOHN LANE
AUSTIN, TEXAS 78704

9 Principal occupation

RETIRED POLICE OFFICER

10 Employer (optional)

Date

10/24/2000

Full name of contributor

ROGER MOORE

 out of state PAC

Amount of contribution (\$)

\$150⁰⁰/_{xx}

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5203 MAULDING PASS
AUSTIN, TEXAS 78749

Principal occupation

ATTORNEY

Employer (optional)

Date

10/24/2000

Full name of contributor

JOHN F. WILLIAMS

 out of state PAC

Amount of contribution (\$)

\$200⁰⁰/_{xx}

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box # 1148
AUSTIN, TEXAS 78767

Principal occupation

ATTORNEY

Employer (optional)

Date

10/25/2000

Full name of contributor

R. B. RABY

 out of state PAC

Amount of contribution (\$)

\$50⁰⁰/_{xx}

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1900 VIVIANI
ROUND ROCK, TEXAS 78681

Principal occupation

Employer (optional)

Date

10/26/2000

Full name of contributor

DAVID M. CAPSHAW

 out of state PAC

Amount of contribution (\$)

\$100⁰⁰/_{xx}

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6819 KENOSHA PASS
AUSTIN, TEXAS 78749

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **4 of 4**

2 FILER NAME **KEVIN MISKELL CAMPAIGN**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/26/2000

5 Full name of contributor out of state PAC
AMBER MOORE

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**117 WEST AVENUE # 260
~~XXXXXXXXXX~~ SAN MARCOS, TX 78666**

\$10.00/xx

9 Principal occupation
STUDENT

10 Employer (optional)

Date
10/26/2000

Full name of contributor out of state PAC
ARMANDINA CASTANEDA

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**8800 MESA DRIVE
DEL VALLE, TEXAS 78617**

\$50.00/xx

Principal occupation
OFFICE MANAGER

Employer (optional)

Date
10/26/2000

Full name of contributor out of state PAC
HARRILYN PITCOCK

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**11,500 KNIPP COVE
AUSTIN, TEXAS 78739**

\$100.00/xx

Principal occupation

Employer (optional)

Date
10/26/2000

Full name of contributor out of state PAC
PAUL WILSON

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2007 BOXWOOD PATH
ROUND ROCK, TEXAS 78664**

\$20.00/xx

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

KEVIN MISKELL CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/16/2000

5 Payee name

U.S. POSTMASTER

7 Amount (\$)

\$198⁰⁰/xx

6 Payee address: City, State, Zip Code

510 GUADALUPE STREET
AUSTIN, TEXAS, 78701

8 Purpose of expenditure

POSTAGE - STAMPS

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

Office sought / held

Date

10/21/2000

Payee name

SOUTH AUSTIN DEMOCRATS

Amount (\$)

\$500⁰⁰/xx

Payee address: City, State, Zip Code

2006 BOULDAIR AVENUE
AUSTIN, TEXAS, 78704

Purpose of expenditure

MAILER

.. 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