

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4729

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Constable Kevin
NICKNAME LAST SUFFIX
Miskell

OFFICE USE ONLY

Date Received
NOV 1 2 24 PM '00
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box #90056 Austin Texas 78709

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Will
NICKNAME LAST SUFFIX
Hampton

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

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 MONTH DAY YEAR
01 / 01 / 2000 THROUGH 10 / 01 / 2000

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 01 / 2000

11 OFFICE

OFFICE HELD (if any)
CONSTABLE, PRECINCT #3

12 OFFICE SOUGHT (if known)

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 KEVIN MISKELL CAMPAIGN	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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	COMMITTEE NAME
		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)

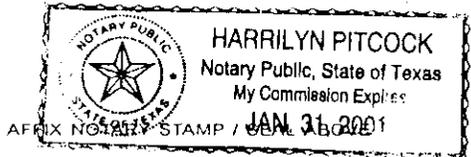
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 180 ⁰⁰ / _{xx}
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 69 ⁷⁸ / _{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.

Kevin Miskell

 Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Kevin Miskell this the 31st day of Oct. ~~2010~~ to certify which, witness my hand and seal of office.

Harrilyn Pitcock 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: <u>1</u>	
2 FILER NAME <u>KEVIN MISKELL CAMPAIGN</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>09/07/2000</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>CHARLES BAIRD</u>	7 Amount of contribution (\$) <u>\$50.00/xx</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>3401 ALDWYCHE DRIVE AUSTIN, TEXAS 78704</u>			
9 Principal occupation <u>ATTORNEY</u>		10 Employer (optional)	
Date <u>09/11/2000</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>ROSS BALDWIN</u>	Amount of contribution (\$) <u>\$100.00/xx</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>7609 ISLANDER AUSTIN, TEXAS 78749 78749</u>			
Principal occupation <u>BUSINESS OWNER</u>		Employer (optional)	
Date <u>09/11/2000</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>ALEC CREAGH</u>	Amount of contribution (\$) <u>\$10.00/xx</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>7109 HARVEST TRAIL DRIVE AUSTIN, TEXAS 78736</u>			
Principal occupation <u>RETIRED</u>		Employer (optional)	
Date <u>09/13/2000</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>THOMAS H. CRIPPS</u>	Amount of contribution (\$) <u>\$20.00/xx</u>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <u>2706 BRYOWHALL DRIVE AUSTIN, TEXAS 78745</u>			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> 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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

KEVIN MISKELL CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/23/2000

5 Payee name

FURROW BUILDING MATERIALS

6 Payee address; City; State; Zip Code

4210 SOUTH CONGRESS
AUSTIN, TEXAS 78745

8 Amount (\$)

\$ 61.78/XX

7 Purpose of expenditure

PURCHASE OF SIMPLE HAMMERS + ~~GLUE~~ GLUE

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED