

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4730

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: <div style="text-align: center; font-size: 2em;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Constable Kevin <hr/> NICKNAME LAST SUFFIX Miskell	OFFICE USE ONLY <hr/> Date Received <div style="text-align: right; font-size: 1.5em; font-weight: bold;"> NOV 1 2 25 PM '00 FILED </div>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box #90056 Austin Texas 78709	Receipt # <hr/> HD / PM <input type="checkbox"/> Amount <hr/> Date Processed <hr/> Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Will <hr/> NICKNAME LAST SUFFIX Hampton	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE	
6 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE PHONE NUMBER EXTENSION ()		
7 CAMPAIGN TREASURER PHONE	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)		
8 REPORT TYPE	PERIOD COVERED Month Day Year THROUGH Month Day Year 01 / 01 / 2000 06 / 30 / 2000		
9 PERIOD COVERED	ELECTION DATE Month Day Year 11 / 07 / 2000	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
10 ELECTION	OFFICE HELD (if any) CONSTABLE, PRECINCT 3	12 OFFICE SOUGHT (if known)	
11 OFFICE	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. ** <hr/> Name <hr/> 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 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. ..

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

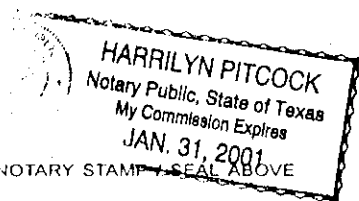
17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

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)	\$ 720.00/xx
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00/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]
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Kevin Miskell this the 31st day of Oct. 192001, 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: 1	
2 FILER NAME KEVIN MISKELL CAMPAIGN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/18/2000	5 Full name of contributor <input type="checkbox"/> out of state PAC KEVIN WOOD	7 Amount of contribution (\$) \$20⁰⁰/xx	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 1120-C HOLLOW CREEK DRIVE AUSTIN, TEXAS 78704			
9 Principal occupation STUDENT		10 Employer (optional)	
Date 03/18/2000	Full name of contributor <input type="checkbox"/> out of state PAC SUSAN GROTEVAANT	Amount of contribution (\$) \$150⁰⁰/xx	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1780 ALBERT STREET - NORTH FALCON HEIGHTS, MN 55113			
Principal occupation		Employer (optional)	
Date 04/14/2000	Full name of contributor <input type="checkbox"/> out of state PAC WILLIAM F. CAMPBELL	Amount of contribution (\$) \$50⁰⁰/xx	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 11,555 GUMFIGHT LAWN AUSTIN, TEXAS 78748			
Principal occupation		Employer (optional)	
Date 04/16/2000	Full name of contributor <input type="checkbox"/> out of state PAC HELEN MISKELL	Amount of contribution (\$) \$500⁰⁰/xx	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P.O. Box #50044 AUSTIN, TEXAS 78763			
Principal occupation RETIRED TEACHER		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.