

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4731

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 25 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 THROUGH Month Day Year
01 / 01 / 1999 THROUGH 12 / 31 / 1999

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 07 / 2000 Primary Runoff General Special

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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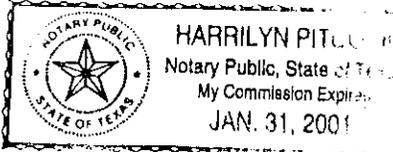
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

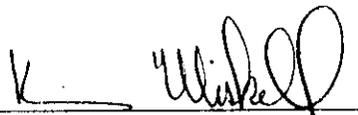
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50 ⁰⁰ / _{xx}
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 860 ⁰⁰ / _{xx}
	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

AFFIX NOTARY STAMP / SEAL ABOVE

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

2001, 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 KEVIN MICKELL CAMPAIGN				3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/20/1999	5 Full name of contributor <input type="checkbox"/> out of state PAC WILLIAM R. HUBBARTH	7 Amount of contribution (\$) \$50⁰⁰/_{xx}	8 In-kind contribution description(if applicable)		
6 Contributor address; City; State; Zip Code 9403 LAURALAW DRIVE AUSTIN, TEXAS 78736					
9 Principal occupation ATTORNEY			10 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)		
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)		
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)		
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

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 12/29/1999	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY	7 Amount (\$) \$800.00/xx
6 Payee address; City; State; Zip Code P.O. Box # 684,263 AUSTIN, TEXAS 78768		
8 Purpose of expenditure FILING FEE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 12/30/1999	Payee name TRAVIS COUNTY DEMOCRATIC PARTY	Amount (\$) \$60.00/xx
Payee address; City; State; Zip Code P.O. Box # 684,263 AUSTIN, TEXAS 78768		
Purpose of expenditure TICKETS TO FILING DAY DINNER		** 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