

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**4871**

**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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
*Dana L.*  
NICKNAME LAST SUFFIX  
*DeBeauvoir*

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
*1000 Guadalupe Rm 222  
Austin, Tx 78701*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Mina*  
NICKNAME LAST SUFFIX  
*Brees*

OFFICE USE ONLY

Date Received

DANA DEBEAUVOIR  
 COUNTY CLERK  
 TRAVIS COUNTY, TEXAS

01 JUL 16 AM 10:53

FILED

Receipt #  
FD / PIV / Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
*Munsch, Hardt... LLP  
111 Congress Avenue Austin, Tx 78701*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(512) 391-6100*

8 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)  
 July 15     6th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*01 / 01 / 01 THROUGH 06 / 30 / 01*

10 ELECTION

ELECTION DATE: Month Day Year  
*/ /*

ELECTION TYPE:  
 Primary     Runoff     General     Special

11 OFFICE

OFFICE HELD (if any)  
*Travis County Clerk*

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 Dana DeBeauvoir 15 ACCOUNT # (Ethics Commission Use)

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                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | 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)                                  | \$ 0      |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 100.00 |
| OUTSTANDING LOAN TOTALS | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0      |

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.

Dana DeBeauvoir  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dana DeBeauvoir, this the 16<sup>th</sup> day of July

2001, to certify which, witness my hand and seal of office.

Armando R. Martinez Notary  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS CASH & SPAC)

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| The instruction Guide explains how to complete this form. |  | 1 Total pages this Schedule A1:       |  |
| 2 FILER NAME<br><i>Dana DeBeauvoir</i>                    |  | 3 ACCOUNT # (Ethics Commission files) |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$)         | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code              |  |                                       |  |
| 9 Principal occupation (Optional)                         |  | 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 (Optional)                           |  | 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 (Optional)                           |  | 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 (Optional)                           |  | 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 (Optional)                           |  | 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.

**PLEGGED CONTRIBUTIONS****SCHEDULE B1**  
(FOR FORMS GACH & SPAC)

|  |   |                                |  |  |    |
|--|---|--------------------------------|--|--|----|
| The instruction Guide explains how to complete this form.      |   |                                |  | <b>1</b> Total pages this Schedule B1:       |    |
| <b>2</b> FILER NAME  |   |                                |  | <b>3</b> ACCOUNT # (Ethics Commission filer) |    |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇐   ⇐   ⇐   ⇐   ⇐   ⇐ |   |                                |  |  | \$ |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out of state PAC | <b>8</b> Amount of pledge (\$) | <b>9</b> In-kind description (if applicable) |  |    |
| <b>7</b> Pledgor address;    City;   State;   Zip Code         |   |                                |  |  |    |
| <b>10</b> Principal occupation (optional)                      |   |                                | <b>11</b> Employer (optional)                |  |    |
| Date   | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)          | In-kind description (if applicable)          |  |    |
| Pledgor address;    City;   State;   Zip Code                  |   |                                |  |  |    |
| Principal occupation (optional)                                |   |                                | Employer (optional)                          |  |    |
| Date   | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)          | In-kind description (if applicable)          |  |    |
| Pledgor address;    City;   State;   Zip Code                  |   |                                |  |  |    |
| Principal occupation (optional)                                |   |                                | Employer (optional)                          |  |    |
| Date   | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)          | In-kind description (if applicable)          |  |    |
| Pledgor address;    City;   State;   Zip Code                  |   |                                |  |  |    |
| Principal occupation (optional)                                |   |                                | Employer (optional)                          |  |    |
| Date   | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)          | In-kind description (if applicable)          |  |    |
| Pledgor address;    City;   State;   Zip Code                  |   |                                |  |  |    |
| Principal occupation (optional)                                |   |                                | 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 Name of lender <input type="checkbox"/> out of state PAC                             | 9 Loan Amount (\$)                    |
| 8 Is lender a financial institution?<br><br>Y      N                    | 8 Lender address:      City:      State:      Zip Code                                 | 10 Interest rate                      |
|   |  | 11 Maturity date                      |
| 12 Description of Collateral<br><input type="checkbox"/> none           |  |                                       |
| 13 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 14 Name of guarantor<br><br>15 Guarantor address:      City:      State:      Zip Code | 16 Amount Guaranteed (\$)             |
| 17 Principal Occupation   |  | 18 Employer                           |
| Date of loan  | Name of lender <input type="checkbox"/> out of state PAC                               | Loan Amount (\$)                      |
| Is lender a financial institution?<br><br>Y      N                      | Lender address:      City:      State:      Zip Code                                   | Interest rate                         |
|   |  | Maturity date                         |
| Description of Collateral<br><input type="checkbox"/> none              |  |                                       |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor<br><br>Guarantor address:      City:      State:      Zip Code       | Amount Guaranteed (\$)                |
| 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission fees)

4 Date

5 Payee name

7 Amount (\$)

01/30/01

6 Payee address; City; State; Zip Code

Women's Council of Realtors  
2207 Parmer Lane Austin, Tx 78727

\$25.00

8 Purpose of expenditure

prorata of 2001 dues

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

Office sought / held

Date

Payee name

Amount (\$)

01/30/01

Leadership Austin

Payee address; City; State; Zip Code

P.O. Box 1967 Austin, Tx 78767

75.00

Purpose of expenditure

2001 dues

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|   |                                  |
|---|----------------------------------|
| The Instruction Guide explains how to complete this form. | <b>1</b> Total pages Schedule G: |
|---|----------------------------------|

|                     |   |
|---------------------|---|
| <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission file) |
|---------------------|---|

|               |  |  |
|---------------|--|--|
| <b>4</b> Date | <b>5</b> Payee name<br>_____<br><b>6</b> Payee address: City: State: Zip Code<br>_____<br><b>7</b> Purpose of expenditure<br>_____ | <b>8</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
|---------------|--|--|

|      |   |   |
|------|---|---|
| Date | Payee name<br>_____<br>Payee address: City: State: Zip Code<br>_____<br>Purpose of expenditure<br>_____ | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
|------|---|---|

|      |   |   |
|------|---|---|
| Date | Payee name<br>_____<br>Payee address: City: State: Zip Code<br>_____<br>Purpose of expenditure<br>_____ | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
|------|---|---|

|      |   |   |
|------|---|---|
| Date | Payee name<br>_____<br>Payee address: City: State: Zip Code<br>_____<br>Purpose of expenditure<br>_____ | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
|------|---|---|

|      |   |   |
|------|---|---|
| Date | Payee name<br>_____<br>Payee address: City: State: Zip Code<br>_____<br>Purpose of expenditure<br>_____ | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
|------|---|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address: City: State: Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

| 4 Date | 5 Payee name                                       | 8 Amount (\$) |
|--------|--|---------------|
|        | 6 Payee address: City: State: Zip Code             |               |
|        | 7 Purpose of expenditure                           |               |
|        | Payee name<br>Payee address: City: State: Zip Code | Amount (\$)   |
|        | Purpose of expenditure                             |               |
|        | Payee name<br>Payee address: City: State: Zip Code | Amount (\$)   |
|        | Purpose of expenditure                             |               |
|        | Payee name<br>Payee address: City: State: Zip Code | Amount (\$)   |
|        | Purpose of expenditure                             |               |
|        | Payee name<br>Payee address: City: State: Zip Code | Amount (\$)   |
|        | Purpose of expenditure                             |               |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Payor name<br><br>6 Payor address; City; State; Zip Code<br><br>7 Reason for credit | 8 Amount (\$) |
|--------|---|---------------|
| Date   | Payor name<br><br>Payor address; City; State; Zip Code<br><br>Reason for credit       | Amount (\$)   |
| Date   | Payor name<br><br>Payor address; City; State; Zip Code<br><br>Reason for credit       | Amount (\$)   |
| Date   | Payor name<br><br>Payor address; City; State; Zip Code<br><br>Reason for credit       | Amount (\$)   |
| Date   | Payor name<br><br>Payor address; City; State; Zip Code<br><br>Reason for credit       | Amount (\$)   |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.  
 -- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission file)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|   |  |               |        |                 |          |        |                |                   |
|---|--|---------------|--------|-----------------|----------|--------|----------------|-------------------|
| See CTA Instruction Guide for detailed instructions.  |  |               |        |                 |          |        | 1              | Total pages used: |
| 2<br>CANDIDATE<br>NAME  | TITLE  | FIRST         | MI     | OFFICE USE ONLY |          |        | Acct. #        |                   |
|   | PREFIX   | LAST          | SUFFIX | Date Received   |          |        |                |                   |
|   | 3<br>CANDIDATE<br>MAILING<br>ADDRESS                             |               |        |                 |          |        |                |                   |
| ADDRESS / PO BOX  |  | APT / SUITE # | CITY   | STATE           | ZIP CODE |        |                |                   |
| 4<br>CANDIDATE<br>PHONE   | AREA CODE  | PHONE NUMBER  |        | EXTENSION       |          | NO/PM  |                |                   |
|   | (      )   |               |        |                 |          |        | Date Processed |                   |
|   | 5<br>OFFICE HELD<br>(If any)                                     |               |        |                 |          |        |                | Date Imaged       |
| 6<br>OFFICE SOUGHT<br>(If known)  |  |               |        |                 |          |        |                |                   |
| 7<br>CAMPAIGN<br>TREASURER<br>NAME  | TITLE  | FIRST         | MI     | PREFIX          | LAST     | SUFFIX |                |                   |
|   | 8<br>CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business) |               |        |                 |          |        |                |                   |
| STREET ADDRESS (NO PO BOX PLEASE)   |  | APT / SUITE # | CITY   | STATE           | ZIP CODE |        |                |                   |
| 9<br>CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE  | PHONE NUMBER  |        | EXTENSION       |          |        |                |                   |
|   | (      )   |               |        |                 |          |        |                |                   |
|   | 10<br>NEPOTISM<br>STATEMENT<br>and<br>CANDIDATE<br>SIGNATURE     |               |        |                 |          |        |                |                   |
| <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.</p><br><br><p style="text-align: center;">_____<br/>Signature of Candidate</p> |  |               |        |                 |          |        |                |                   |
| <b>GO TO PAGE 2</b>   |  |               |        |                 |          |        |                |                   |