

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5011

FORM C/OH
02 JAN 15 PM 3:47
COVER SHEET PG 1

DANA DEBEAUVOIR

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission file)

2 Total pages filed
CLERK
TRAVIS COUNTY, TEXAS

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Dana
NICKNAME LAST SUFFIX
DeBeauvoir

OFFICE USE ONLY

Date Received
DANA DEBEAUVOIR
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS
02 JAN 15 PM 3:48
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
3715 Robinson Ave
Austin, Texas 78722

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mina
NICKNAME LAST SUFFIX
Brees

Receipt # Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
Munsh Hardt Kopf + Haor
111 Congress Avenue Austin, Texas 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
7 / 1 / 01 THROUGH 12 / 31 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 12 / 02 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Travis County Clerk Travis County Clerk

13 NOTICE OF 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 # (if with Commission Report)

16. NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of 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

GENERAL

SPECIFIC

additional pages

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

\$ 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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 850.00

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* of *Jessie* on *20 02*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



MICAH STUMP
NOTARY PUBLIC
State of Texas

Comm. Exp. 03-01-2004

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C10H, C10H-SS, SC-C10H, SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form. 1 Total pages this Schedule A1:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	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 (ID# _____)	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 (ID# _____)	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 (ID# _____)	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 (ID# _____)	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 COM, BC-COM, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 TOTAL OF UNITEMIZED PLEDGES: 0 0 0 0 0 0 0 0

\$

5 Date

6 Full name of pledgor

out-of-state PAC (ID# _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address:

City: State: Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

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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 # (ENR's Commission files)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan	7 Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
	15 Guarantor address: City: State: Zip Code	

17 Principal Occupation **18** Employer

Date of loan	Name of lender: <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code	

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: Dana DeBeauvoir 3. ACCOUNT # (Ethics Commission files)

4. Date: 12/8/01 5. Payee name: Travis County Democratic Party 6. Payee address: 4201 S. Congress Austin, Texas 78704 7. Amount (\$): 600.00

8. Purpose of payment: Filing Fee 9. Candidate / Officeholder name: Office sought: Office held:

Date: 12/8/01 Payee name: Women's Council of Realtors Payee address: 2207 W. Parmer Lane Austin, Texas 78727 Amount (\$): 100.00

Purpose of payment: annual membership dues 9. Candidate / Officeholder name: Office sought: Office held:

Date: 12/28/01 Payee name: Travis County Democratic Party Payee address: 4201 S. Congress Austin, TX 78704 Amount (\$): 150.00

Purpose of payment: tickets Filing Day Dinner 9. Candidate / Officeholder name: Office sought: Office held:

Date: Payee name: Payee address: City: State: Zip Code: Amount (\$):

Purpose of payment: 9. Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G

2 FILER NAME 3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address: City, State, Zip Code	8 Amount (\$)
7 Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended.

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<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 (See instructions regarding type of information required.)		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	Amount (\$)	
Business address, City, State, Zip Code			
Purpose of payment (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	Amount (\$)	
Business address, City, State, Zip Code			
Purpose of payment (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Business name	Amount (\$)	
Business address, City, State, Zip Code			
Purpose of payment (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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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 6 Payor address: City: State: Zip Code	8 Amount (\$)
	7 Reason for credit:	
Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit:	
Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit:	
Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit:	
Date	Payor name Payor address: City: State: Zip Code	Amount (\$)
	Reason for credit:	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
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4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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