

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5459

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MICHAEL (NONE)	OFFICE USE ONLY Date Received FILED FOR RECORD 2003 JUL 16 PM 3:20 Date Has Been Reviewed or Re-Postmarked Date Rec'd Date Processed Date Imaged	
NICKNAME LAST SUFFIX "MIKE" SIMPSON	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 11402 HUNTERS LANE AUSTIN, TX 78753		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	TITLE FIRST MI (Same)		
NICKNAME LAST SUFFIX	5 CAMPAIGN TREASURER NAME		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE (Same)		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 837-0347		
8 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 03 6 / 30 / 03		
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 96	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) At the time was Constable, Pet 2, TRAVIS CO.	12 OFFICE SOUGHT (if known) SHERIFF - TRAVIS COUNTY	
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 N/A 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 MICHAEL SIMPSON	15 ACCOUNT # (Ethics Commission files)
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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. **

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

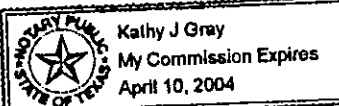
17 NO REPORTABLE ACTIVITY

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	\$	}
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	N/A
	4. TOTAL POLITICAL EXPENDITURES	\$	
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.



Michael Simpson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL SIMPSON this the 15th day of JULY, 2003, to certify which, witness my hand and seal of office.

<i>Kathy J Gray</i>	KATHY GRAY	NOTARY PUBLIC
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath



MICHAEL SIMPSON
11402 HUNTERS LN
AUSTIN, TX 78753

7/15/03

ATTN: TRAVIS COUNTY CLERK
Elections Division

① Keep the "ORIGINAL"
C/OH Report, ATTACHED

→ ② Please date stamp
the ATTACHED "copy"
Place in stamped
Return envelope
enclosed & mail to
me.

THANK YOU!

MIKE SIMPSON
11402 HUNTERS LN
AUSTIN, TX 78753

TRAVIS COUNTY CLERK'S OFFICE
ATTN: Elections Division
PO BOX 1748
AUSTIN TX 78769