

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5551

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Dana  
NICKNAME LAST SUFFIX  
DeBeauvoir

OFFICE USE ONLY

Date Received  
Date Hand-delivered  
Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
2130 Melridge Place  
Austin, Texas 78704

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 447-1565

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mina  
NICKNAME LAST SUFFIX  
Brees

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
Munson, Harriet Kopf & Harr  
600 Congress Ave #2900 Austin 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 391-6100

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
07/01/03 THROUGH 12/31/03

11 ELECTION

ELECTION DATE: Month Day Year  
3/9/04  
ELECTION TYPE:  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Travis County Clerk

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME <u>Dana DeBeauvoir</u>	16 ACCOUNT # (Ethics Commission files)
-------------------------------------	--

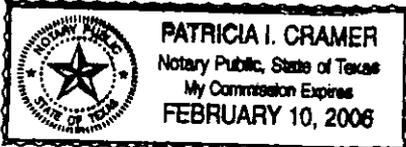
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>750.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>630.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1530.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**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 Dana DeBeauvoir, this the 15 day of January, 2004, to certify which, witness my hand and seal of office.

Patricia I. Cramer  
Signature of officer administering oath      Printed 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: <i>1071</i>	
2 FILER NAME <i>Dina DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12/12/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Graves Daugherty Heaton &amp; Kilgore PAC</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>515 Congress Ave #2300 Austin, TX 78701</i>			
9 Principal occupation / Job title (See Instructions) <i>Attorney's</i>		10 Employer (See Instructions)	
Date <i>12/13/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>McGinnis, Lockridge &amp; Kilgore PAC</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>919 Congress Ave #1300 Austin TX 78701</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	
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 / Job title (See Instructions)		Employer (See Instructions)	

**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 B

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule B:
--	----------------------------------

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

**4** TOTAL OF UNITEMIZED PLEDGES:      \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	<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 / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
---	---------------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address:      City:    State:    Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address:      City:    State:    Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address:      City:    State:    Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address:      City:    State:    Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<b>LOANS</b>	<b>SCHEDULE E</b>
--------------	-------------------

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule E:
--	----------------------------------

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

<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
--	----

<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
-----------------------	--	---------------------------

<b>6</b> Is lender a financial institution?  Y      N	<b>8</b> Lender address:    City:    State:    Zip Code	<b>10</b> Interest rate
---	---	-------------------------

<b>11</b> Maturity date
-------------------------

<b>12</b> Principal occupation / Job title (See Instructions)	<b>13</b> Employer (See Instructions)
---	---------------------------------------

<b>14</b> Description of Collateral <input type="checkbox"/> none
--

<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address:    City:    State:    Zip Code	<b>18</b> Amount Guaranteed (\$)
--	---	----------------------------------

<b>19</b> Principal Occupation	<b>20</b> 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
--	--	---------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Description of Collateral <input type="checkbox"/> none
--

<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... 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.

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <span style="float: right;">192</span>
2 FILER NAME <span style="font-size: 1.2em;">Dana DeBeauvoir</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em;">8/19/03</span>	5 Payee name <span style="font-size: 1.2em;">AFL CIO</span>	7 Amount (\$) <span style="font-size: 1.2em;">105.00</span>
6 Payee address: City: State: Zip Code <span style="font-size: 1.2em;">P.O. Box 684644 Austin, TX 78768</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Labor Day program ad</span>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">10/1/03</span>	Payee name <span style="font-size: 1.2em;">Leadership Austin</span>	Amount (\$) <span style="font-size: 1.2em;">75.00</span>
Payee address: City: State: Zip Code <span style="font-size: 1.2em;">P.O. Box 1967 Austin, TX 78767</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">annual membership</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">10/20/03</span>	Payee name <span style="font-size: 1.2em;">Travis Co. Democratic Party</span>	Amount (\$) <span style="font-size: 1.2em;">250.00</span>
Payee address: City: State: Zip Code <span style="font-size: 1.2em;">4201 S. Congress Austin, TX 78745</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">Fiesta sponsor</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <span style="font-size: 1.2em;">11/21/03</span>	Payee name <span style="font-size: 1.2em;">Women's Council of Realtors</span>	Amount (\$) <span style="font-size: 1.2em;">\$35.00</span>
Payee address: City: State: Zip Code <span style="font-size: 1.2em;">P.O. Box 28186 Austin, TX 78755</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em;">luncheon ticket</span>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 292

2 FILER NAME Dana DiBeauvoir 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12/11/03</u>	5 Payee name <u>Womens Council of Realtors</u>	7 Amount (\$) <u>115.00</u>
6 Payee address: City: State: Zip Code <u>P.O. Box 28186 Austin, Tx 78755</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>annual membership</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <u>12/19/03</u>	Payee name <u>Travis County Bar Association</u>	Amount (\$) <u>50.00</u>
Payee address: City: State: Zip Code <u>816 Congress Ave #700 Austin, Tx 78701</u>		

Purpose of payment (See instructions regarding type of information required.) <u>mailing labels</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

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

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

**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 filers)
4 Date	5 Business name  6 Business address: City State Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City State Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City State Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City State Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name  Business address: City State Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

### 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 not an officeholder. \*\***

#### 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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

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