Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5693

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: 16

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: CONSTABLE | FIRST: LUKE | MI: W
NICKNAME | LAST: MERCER, SR | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 3815 Grayson Ln. | APT / SUITE #: | CITY: Austin, Tx | STATE: | ZIP CODE: 78722

5 CAMPAIGN TREASURER NAME

TITLE: Mr. | FIRST: Thomas | MI:
NICKNAME | LAST: McClinton, Sr. | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 11305 Thorny Brook Trail | APT / SUITE #: | CITY: Austin, Tx | STATE: | ZIP CODE: 78750

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 258-3352 | 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

10 ELECTION

ELECTION DATE: Month 3 / Day 09 / Year 04

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Travis County Constable, Pct. 1

12 OFFICE SOUGHT (if known): Travis County Constable, Precinct One

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:

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Luke Mercer, Sr.

15 ACCOUNT # (Ethics Commission filers):

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. ••

N/A

☐ additional pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

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	$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -
	4. TOTAL POLITICAL EXPENDITURES	$ 5,349.07
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.

JEWEL A. WILLIAMS
Notary Public, State of Texas
My Commission Expires
SEPT. 24, 2005

Luke Mercer Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Luke W. Mercer, Sr., this the 3rd day of March, 20 04, to certify which, witness my hand and seal of office.

Jewel A. Williams — Signature of officer administering oath
Jewel A. Williams — Printed name of officer administering oath
Notary Public — Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME: ~~Luke W. Mercer, Sr~~

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/11/04	Thomas McClinton 11305 Thornybrook Trl Austin, Tx 78750	200.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/16	Karen Sonleitner 1712 Pasadena Dr., Austin, Tx 78757	150.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26	Willie Madison PO Box 140212, Austin, Tx 78714	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/25	Vankirk Johnson 1802 Temple Dr., Austin, Tx 78721	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/25	Oscar Fresch Jr 1201 E. 11th St., Austin, Tx 78702	50.00	

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	☐ out of state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/29	Mr. & Mrs. Art Munoz 1003 Fall Creed Dr., Austin, Tx 78753		25.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
1/04	Mr. Homer Sippio		25.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3/2	Gretchwn Vaden.		300.00	Literature Design

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ -0-

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0

5 Date of loan	7 Name of lender	☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
1/11/04	Luke W. Mercer, Sr.		2,000.00
6 Is lender a financial institution? Y (N)	8 Lender address: City: State: Zip Code: 3815 Grayson Ln., Austin, Tx 78722		10 Interest rate: -
			11 Maturity date: -

12 Description of Collateral: ☒ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☒ not applicable	N/A	-
	15 Guarantor address: City: State: Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender	☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
2/20	Luke W. Mercer, Sr.		1,500.00
Is lender a financial institution? Y (N)	Lender address: City: State: Zip Code: 3815 Grayson Ln., Austin, Tx 78722		Interest rate: -
			Maturity date: -

Description of Collateral: ☒ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☒ not applicable	N/A	-
	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: 4

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/03	South Austin Democratics Austin, Tx	25.00

8 Purpose of expenditure: AD

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/09/03	Alpha Phi Alpha Fraternity Austin, Tx	25.00

Purpose of expenditure: AD

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/19/03	Democratic Party Austin, Tx	1,000.00

Purpose of expenditure: Filing Fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/25/04	Austin Black Women's Political Caucus Austin, Tx	100.00

Purpose of expenditure: AD

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/31/04	Home Depot Austin, Tx	293.51

8 Purpose of payment (See instructions regarding type of information required.): Merchandise for stakes etc.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/09	ACE Printing 7807 Doncaster, Austin, Tx 78745	811.88

Purpose of payment (See instructions regarding type of information required.): Yard signs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/09	DBR Publishing PO Box 470303, Tulsa, OK 74147	85.00

Purpose of payment (See instructions regarding type of information required.): AD

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/18	Travis County Democratic Party Austin, Tx	500.00

Purpose of payment (See instructions regarding type of information required.): AD

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Luke W. Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/20	Glen Maxey Consluting 512 E Riverside Dr #203, Austin, Tx 78704	120.00

8 Purpose of expenditure: Smart mail

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/20	U.S. Post Master Austin, Tx	1,468.68

Purpose of expenditure: Postage, mail-outs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/25	Austin Women's Political Caucus PO Box 12383, Austin, Tx 78711	250.00

Purpose of expenditure: AD

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/25	Austin Progressive Coalition Austin, Tx	200.00

Purpose of expenditure: Ad

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/02	The Villager 1223-A Rosewood, Austin, Tx 78702	130.00

8 Purpose of expenditure: Ad

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/02	Michael Lofton Talk Show Austin, Tx	140.00

Purpose of expenditure: Taping

← Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/03	Nokoa Newspaper PO Box 1131, Austin, Tx 78767	200.00

Purpose of expenditure:

← Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure:

← Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name: Office sought / 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: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
N/A	7 Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
NA				

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

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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: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / ☐ Reimbursement from political contributions intended
NA		
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure	Amount ($) / ☐ Reimbursement from political contributions intended

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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: 1

2 FILER NAME Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
NA		
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Luke W Mercer, Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
NA		
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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