

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6106

## 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 <i>Dava DeBeauvoir</i> NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b> Date Received: JAN 17 2006 Date Hand-delivered or Date Post-marked: JAN 17 2006 Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>2130 Melridge Place Austin, TX 78704</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 447-1565</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>JoAnn Merica</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE <i>Merica &amp; Bourland ste 600 400 W. 15th Austin, TX 78701</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 477-0100</i>		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>07/01/05    THROUGH    12/31/05</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11/7/06</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Travis County Clerk</i>	13 OFFICE SOUGHT (if known) <i>Travis County Clerk</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional details	** 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		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Dana DeBeauvoir*

16 ACCOUNT # (Ethics Commission file)

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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ *3650.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *3650.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *2801.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *2801.00*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *2761.10*

OUTSTANDING LOAN TOTALS

6. 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

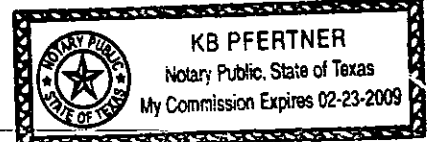
Sworn to and subscribed before me, by the said DANA DE BEAUVOIR this the 17th day

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

*[Signature]*  
Signature of officer administering oath

KB PFERTNER  
Printed name of officer administering oath

NOTARY  
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:	
2 FILER NAME <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission (fars))	
4 Date <i>11/21/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Georgia Duke</i>	7 Amount of contribution (\$) <i>\$ 1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>320 Heritage Dr. Austin, TX 78737</i>			
9 Principal occupation / Job title (See Instructions) <i>Title Co. President</i>		10 Employer (See Instructions) <i>No American</i>	
Date <i>11/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gary Farmer</i>	Amount of contribution (\$) <i>\$ 1000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>309 Lake Cliff Trail Austin, TX 78746</i>			
Principal occupation / Job title (See Instructions) <i>Title Co. President</i>		Employer (See Instructions) <i>Heritage</i>	
Date <i>12/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Scott Fausto</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>7534 Ledgebrook San Antonio, TX 78244</i>			
Principal occupation / Job title (See Instructions) <i>Imaging / Records Management</i>		Employer (See Instructions) <i>Land Data</i>	
Date <i>12/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Monique Tyler</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1705 Bay Hill Dr. Austin, TX 78746</i>			
Principal occupation / Job title (See Instructions) <i>Title Co. President</i>		Employer (See Instructions) <i>Stewart</i>	
Date <i>12/28/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Louis B. Williams, Jr.</i>	Amount of contribution (\$) <i>\$ 1000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>3203 Riva Ridge Rd. Austin, TX 78746</i>			
Principal occupation / Job title (See Instructions) <i>Title Co. President</i>		Employer (See Instructions) <i>Chicago</i>	

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

<b>PLEGGED CONTRIBUTIONS</b>			<b>SCHEDULE B</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 files)	
<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 (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)	
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>18</b> Amount Guaranteed (\$)
<b>17</b> Guarantor address:    City:    State:    Zip Code			
<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
			Maturity date
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		Amount Guaranteed (\$)
Guarantor address:    City:    State:    Zip Code			
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> 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:
2 FILER NAME <b>Dana DeBeauvoir</b>		3 ACCOUNT # (Enter Commission file)
4 Date <b>8/3/05</b>	5 Payee name <b>Julie Montoya</b> 6 Payee address: City, State, Zip Code <b>P.O. Box 1748 County Clerk Austin, Tx 78767</b>	7 Amount (\$) <b>156.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>T-shirts for Co. Clerk soft-ball team competition</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: <b>Dana DeBeauvoir</b> Office sought: <b>Travis County Clerk</b> Office held:	
Date <b>8/3/05</b>	Payee name <b>AFSCME / AFL CIO</b> Payee address: City, State, Zip Code <b>1106 La Posada #285 Austin, TX 78751</b>	Amount (\$) <b>115.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>Labor Day Program ad</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <b>8/24/05</b>	Payee name <b>Leadership Austin</b> Payee address: City, State, Zip Code <b>P.O. Box 684189 Austin, TX 78768</b>	Amount (\$) <b>100.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>membership dues</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
Date <b>10/24/05</b>	Payee name <b>League of Women Voters</b> Payee address: City, State, Zip Code <b>1011 W. 31st St. Austin, TX 78705</b>	Amount (\$) <b>55.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>membership dues</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> ✓		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Enter Commission file)
4 Date <i>12/1/05</i>	5 Payee name <i>City of Austin, Municipal Court</i> 6 Payee address: City: State: Zip Code <i>P.O. Box 2135 Austin, Tx 78768</i>	7 Amount (\$)  <i>30.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Election Judge parking ticket # 32689683</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/1/05</i>	Payee name <i>City of Austin, Municipal Court</i> Payee address: City: State: Zip Code <i>Election Judge parking ticket P.O. Box 2135 Austin, Tx 78768</i>	Amount (\$)  <i>30.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Election Judge parking ticket # 32689682</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/15/05</i>	Payee name <i>AWPC</i> Payee address: City: State: Zip Code <i>P.O. Box 12383 Austin, Tx 78711</i>	Amount (\$)  <i>65.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>membership dues</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/17/05</i>	Payee name <i>Travis County Democratic Party</i> Payee address: City: State: Zip Code <i>1311 E. 6th Austin, Tx 78702</i>	Amount (\$)  <i>1250.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>filming fee for office</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission 2995)
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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 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 File)
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 -- Complete if direct expenditure to benefit C/OH -- 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.)		-- Complete if direct expenditure to benefit C/OH -- 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.)		-- Complete if direct expenditure to benefit C/OH -- 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.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office 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.		<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dashed black;"/> <b>6</b> Payee address:      City:   State:   Zip Code <hr/> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address:      City:   State:   Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address:      City:   State:   Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address:      City:   State:   Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address:      City:   State:   Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dashed black;"/> Payee address:      City:   State:   Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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 filers)
4 Date	5 Payor name ..... 6 Payor address; City: State: Zip Code ..... 7 Reason for credit	8 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 (\$)
Date	Payor name ..... Payor address; City: State: Zip Code ..... Reason for credit	Amount (\$)
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# 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

Dana DeBeauvoir

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 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