



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME: DeBeauvoir

16 ACCOUNT # (Ethics Commission #)

### 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

### 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)

\$ 200.00

### EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 557.25

### CONTRIBUTION BALANCE

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

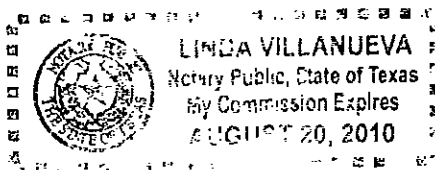
\$ 730.14

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

### 19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jane DeBeauvoir, this the 30 day of October, 2006, to certify which, witness my hand and seal of office

[Signature] Signature of officer administering oath  
Linda Villanueva Printed name of officer administering oath  
Office Specialist 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 Schedules A

2 FILER NAME

DeBeauvoir

3 ACCOUNT # (Ethics Commission files)

4 Date

10/11/06

5 Full name of contributor  out-of-state PAC ID#

Tom Herod

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

3300 Bee Caves Rd # 650  
Austin, TX 78746

9 Principal occupation / Job title (See instructions)

Films

10 Employer (See instructions)

TOM HEROD FILMS

Date

Full name of contributor  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  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  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  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 INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> 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 / Job title (See Instructions)	11 Employer (See Instructions)
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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)
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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)
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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)
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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)
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# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 7 Name of lender  out-of-state PAC (ID#) 9 Loan Amount (\$)

6 Is lender a financial institution? 8 Lender address City State Zip Code 10 Interest rate

Y N 11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address, City State Zip Code

19 Principal Occupation

20 Employer

Date of loan Name of lender  out-of-state PAC (ID#) Loan Amount (\$)

Is lender a financial institution? Lender address, City State Zip Code Interest rate

Y N Maturity date

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

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address, City State Zip Code

Principal Occupation

Employer

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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 *DeBeauvoir*

3 ACCOUNT # (Ethics Commission file)

4 Date <i>10/6/06</i>	5 Payee name <i>YWCA</i>	7 Amount (\$) <i>\$100.00</i>
6 Payee address. City. State. Zip Code <i>2015 So. 11th St #110 Austin, TX</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Gala ticket</i>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>10/8/06</i>	Payee name <i>Travis County Clerk</i>	Amount (\$) <i>31.00</i>
Payee address. City. State. Zip Code <i>5501 Airport Blvd. Austin TX 78753</i>		

Purpose of payment (See instructions regarding type of information required.) <i>copies</i>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>10/15/06</i>	Payee name <i>La Prensa</i>	Amount (\$) <i>250.00</i>
Payee address. City. State. Zip Code <i>P.O. Box 684136 Austin TX 78768</i>		

Purpose of payment (See instructions regarding type of information required.) <i>ad</i>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <i>10/20/06</i>	Payee name <i>Pflugerville Pflag</i>	Amount (\$) <i>176.25</i>
Payee address. City. State. Zip Code <i>P.O. Box 447 Pflugerville, TX 78691</i>		

Purpose of payment (See instructions regarding type of information required.) <i>ad</i>	<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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 file#)

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

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# 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	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
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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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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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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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

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# 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 Form)

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