

Replacement Submission

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

6466

**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. 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	Date Hand-delivered or Date Postmarked	
	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount	
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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 CANDIDATE NAME

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

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$ 1500.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 907.25

CONTRIBUTION BALANCE

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

\$ 894.34

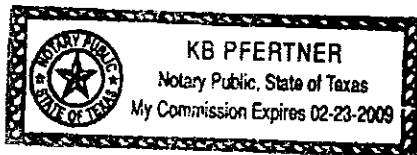
OUTSTANDING LOAN TOTALS

6. 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.



Dana DeBeauvoir
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DANA DEBEAUVOIR, this the 26th day of JANUARY, 2009, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

K. B. 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: 1

2 FILER NAME DeBeauvoir

3 ACCOUNT # (Ethics Commission files):

4 Date 8/9/06

5 Full name of contributor out-of-state PAC (ID#) Jim Garrison

7 Amount of contribution (\$) 300.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
100 Congress Ave #100
Austin, TX 78701

9 Principal occupation / Job title (See Instructions) title company officer

10 Employer (See Instructions) Stewart Title

Date 8/14/06

5 Full name of contributor out-of-state PAC (ID#) Dorey Allen

7 Amount of contribution (\$) 250.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
3103 Sasparilla Cove
Austin, TX 78748

Principal occupation / Job title (See Instructions) Sales

Employer (See Instructions)

Date 10/12/06

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.
Austin, TX 78746

Principal occupation / Job title (See Instructions) Films

Employer (See Instructions) Self

Date 11/2/06

5 Full name of contributor out-of-state PAC (ID#) Brown, McCarroll PAC

7 Amount of contribution (\$) 500.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
111 Congress Ave #1400
Austin, TX 78701

Principal occupation / Job title (See Instructions) law

Employer (See Instructions) law

Date 12/19/06

5 Full name of contributor out-of-state PAC (ID#) Bill Bingham

7 Amount of contribution (\$) 250.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
612 E. 43rd
Austin, TX 78751

Principal occupation / Job title (See Instructions) law

Employer (See Instructions) law

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 files)

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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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.

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?
Y N

8 Lender address, City, State, Zip Code

10 Interest rate

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?
Y N

Lender address, City, State, Zip Code

Interest rate

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

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

previously reported

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **DeBeauvoir** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10/6/06	YWCA	\$ 100.00
	6 Payee address: City, State, Zip Code	
	2015 So. IH35 #110 Austin, TX	

8 Purpose of payment (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
event ticket	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/18/06	Travis County Clerk	31.00
	6 Payee address: City, State, Zip Code	
	5501 Airport Blvd. Austin, TX 78753	

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

Date	Payee name	Amount (\$)
10/15/06	La Prensa	250.00
	6 Payee address: City, State, Zip Code	
	P.O. Box 684136 Austin, TX 78768	

8 Purpose of payment (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
newspaper ad	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/20/06	Pflugerville Pflag	176.25
	6 Payee address: City, State, Zip Code	
	P.O. Box 447 Pflugerville, TX 78691	

8 Purpose of payment (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH
newspaper ad	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

new

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	5 Payee name	7 Amount (\$)
<i>10/31/06</i>	<i>NOKOR</i>	<i>300.00</i>
6 Payee address: City: State: Zip Code		
<i>1154 Angelina Austin, Tx 78722</i>		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<i>newspaper ad.</i>	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date	Payee name	Amount (\$)
<i>11/10/06</i>	<i>Univ. of Texas at Austin</i>	<i>50.00</i>
Payee address: City: State: Zip Code		
<i>P.O. Box 7546 Austin, Tx 78713</i>		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
<i>2 Elec staff parking tickets</i>	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 ** Complete if direct expenditure to benefit C/OH **
	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 ** 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 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)

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

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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 Pers)

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

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

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

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

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.

1 Total pages Schedule I.

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

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.)	

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

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

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

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

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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 file#)

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

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	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 Bars)

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