



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

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. \*\*

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

\$ 485

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

\$ 2575

EXPENDITURE TOTALS

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

\$ 168.21

4. TOTAL POLITICAL EXPENDITURES

\$ 14,025.80

CONTRIBUTION BALANCE

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

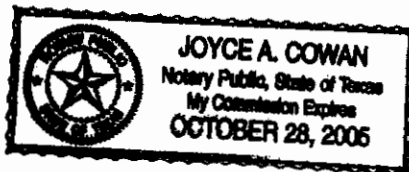
\$ 10,201.05

OUTSTANDING LOAN TOTALS

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

\$ 15,700

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Will Contre, this the 26th day of Oct., 2004, to certify which, witness my hand and seal of office.

*Joyce A. Cowan*  
Signature of officer administering oath

Joyce A. Cowan  
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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-07

Cody Wagner

6 Contributor address; City; State; Zip Code

407 Mountain Crest  
Winberry, TX 78676

\$100

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-03-07

Neal Aske

Contributor address; City; State; Zip Code

P.O. Box 1988  
Winberry, TX 78676

\$500

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)

9/30/07

Gill Peyton

Contributor address; City; State; Zip Code

517 Franklin  
San Marcos, TX 78666

\$50

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)

10-07

John Hollingsworth

Contributor address; City; State; Zip Code

322 Rancho Grande  
Winberry, TX 78676

\$50

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)

10-01

Donald Haggerton

Contributor address; City; State; Zip Code

72 Woodcreek  
Winberry, TX 78676

\$100

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.

# 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		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10-07-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom &amp; Julia House</i>	7 Amount of contribution (\$) <i>150</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1980 AR17 San Marcos, TX 78666</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-28-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.L. Smith</i>	Amount of contribution (\$) <i>15 250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 157 Blanco, TX 78606</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Henry</i>	Amount of contribution (\$) <i>15 250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1420 Quail Run San Marcos, TX 78666</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dallas Lambert</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Cherokee Ln Windsor, TX 78676</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Conley</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>125 Carroll Shreveport, LA</i>			
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.

# 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

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date  10-01	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Ray Kotowski <b>6</b> Contributor address; City; State; Zip Code 106 Corrie Ct San Marcos, TX 78666	<b>7</b> Amount of contribution (\$)  \$100	<b>8</b> In-kind contribution description (if applicable)
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<b>9</b> Principal occupation / Job title (See Instructions)	<b>10</b> Employer (See Instructions)
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<b>Date</b>  10-2-07	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Fernando Conley <b>Contributor address; City; State; Zip Code</b> 125 Canal St Shreveport, LA	<b>Amount of contribution (\$)</b>  \$100	<b>In-kind contribution description (if applicable)</b>
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<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
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<b>Date</b>  10-07-07	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Bradford Hook <b>Contributor address; City; State; Zip Code</b> P.O. Box 1526 San Marcos, TX 78666	<b>Amount of contribution (\$)</b>  \$125	<b>In-kind contribution description (if applicable)</b>
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<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
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<b>Date</b>  10-07-07	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Victor Gissler <b>Contributor address; City; State; Zip Code</b> 440 Blue Creek Pippin Springs, TX 78674	<b>Amount of contribution (\$)</b>  \$50	<b>In-kind contribution description (if applicable)</b>
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<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
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<b>Date</b>  10-07-07	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Glenn Wilcox <b>Contributor address; City; State; Zip Code</b> P.O. Box 198 Wimberly, TX 78676	<b>Amount of contribution (\$)</b>  \$50	<b>In-kind contribution description (if applicable)</b>
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<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
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# 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

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10-05-04

Melinda Habingreither  
Contributor address; City; State; Zip Code  
1202 Thore Lane  
San Marcos, TX 78666

\$50

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-05-04

Morris Haggert  
Contributor address; City; State; Zip Code  
32 Stone Home Circle  
Wimberly, TX 78676

\$50

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)

10-01-04

Mike Springfield  
Contributor address; City; State; Zip Code  
800 Centre Park Dr.  
Austin, TX 78754

\$500

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.**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10-02-07</i>	5 Payee name <i>Jacal Patterson</i> ----- 6 Payee address; City; State; Zip Code <i>1510 N Loop #112 Austin, TX 78756</i>	7 Amount (\$) <i>\$4168.56</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>mail</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>10-02-07</i>	Payee name <i>Jacal Patterson</i> ----- Payee address; City; State; Zip Code <i>1510 N Loop #112 Austin, TX 78756</i>	Amount (\$) <i>\$1486.58</i>
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Purpose of payment (See instructions regarding type of information required.) <i>mail</i>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>10-09-07</i>	Payee name <i>McLoys</i> ----- Payee address; City; State; Zip Code <i>2200 Hwy 123 San Marcos, TX 78666</i>	Amount (\$) <i>\$6653</i>
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Purpose of payment (See instructions regarding type of information required.) <i>supplies</i>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>10-09-07</i>	Payee name <i>Mack Espinoza</i> ----- Payee address; City; State; Zip Code <i>1105 San Marcos F San Marcos, TX 78666</i>	Amount (\$) <i>\$482</i>
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Purpose of payment (See instructions regarding type of information required.) <i>F.O.I.</i>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**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 filers)

4 Date  10-17	5 Payee name <i>Sign Arts</i>	8 Amount (\$)  336.37
	6 Payee address; City; State; Zip Code <i>San Marcos TX 78666</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>signs</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date  10-17	Payee name <i>Fran Caldwell</i>	Amount (\$)  \$50
	Payee address; City; State; Zip Code <i>126 Hopkins San Marcos TX 78666</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>Food</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date  10-12	Payee name <i>Austin Statesman</i>	Amount (\$)  \$7.51
	Payee address; City; State; Zip Code <i>Austin TX</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>paper</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date  10-09-07	Payee name <i>College Republicans</i>	Amount (\$)  \$500
	Payee address; City; State; Zip Code <i>Texas State University</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>donation</i>		<input type="checkbox"/> Reimbursement from political contributions intended

Date  10-19	Payee name <i>Jerald Patterson</i>	Amount (\$)  \$5207.19
	Payee address; City; State; Zip Code <i>1514 N Loop #112 Austin TX 78756</i>	
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 filers)

<b>4</b> Date <i>10-21-04</i>	<b>5</b> Business name <i>Kimberly View</i>	<b>7</b> Amount (\$) <i>\$ 257.14</i>
<b>6</b> Business address; City; State; Zip Code <i>Kimberly, TX</i>		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>News paper</i>	<b>9</b> ** 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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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**