

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr** FIRST **Robert** MI **E**
NICKNAME LAST **Updegrove** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 663 San Marcos TX 78667

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 805 0385

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr** FIRST **David** MI **S**
NICKNAME LAST **Watts** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
174 J Guadalupe San Marcos TX 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 395 8538

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
9 / 24 / 10 10 / 23 / 10

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 2 / 10

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Court at Law #1

14 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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received: **RECEIVED**
OCT 25 2010
ELECTION OFFICE
Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Robert Updegrave

16 ACCOUNT # (Ethics Commission filers)

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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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

\$

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

\$ 0

EXPENDITURE TOTALS

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

\$ 1885 46

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

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

\$ 150 99

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.

R Updegrave
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said R. Updegrave, this the 25 day of OCT, 2010, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Robert Updegrave

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/13

5 Payee name

SAN MARCOS DAILY RECORD

6 Payee address; City; State; Zip Code

1910 IH 35 South SAN MARCOS

7 Amount (\$)

300⁰⁰

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

Ad

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/22

Payee name

Sign Arts

Payee address; City; State; Zip Code

PO Box 1416 SAN MARCOS TX

Amount (\$)

600⁰⁰

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

Sign

** 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 (\$)

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

Payee name

Payee 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

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 <i>Robert Lydegrave</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/13</i>	5 Payee name <i>SAN MARCOS Daily Record</i>	8 Amount (\$) <i>25⁰⁰</i>
6 Payee address; City; State; Zip Code <i>1910 IH-35 South San Marcos</i>		
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Ad</i>		<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>10/22</i>	Payee name <i>Sign Arts</i>	Amount (\$) <i>685⁴⁶</i>
Payee address; City; State; Zip Code <i>Po Box 1416 San Marcos</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Sign</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <i>Hays Free Press</i>	Amount (\$) <i>275⁰⁰</i>
Payee address; City; State; Zip Code <i>109 Center St Kyle 78640</i>		
Purpose of expenditure (See instructions regarding type of information required.) <i>Ad</i>		<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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL DECLARATION OF INTENT REGARDING EXPENDITURE LIMITS

FORM JCTA
PG 2

11 JUDICIAL
CANDIDATE
NAME

Robert Updegrave

12 JUDICIAL
DECLARATION
OF INTENT
REGARDING
EXPENDITURE
LIMITS

STATEMENT OF JUDICIAL CANDIDATE'S INTENT TO COMPLY OR NOT COMPLY WITH THE EXPENDITURE LIMITS PRESCRIBED BY THE JUDICIAL CAMPAIGN FAIRNESS ACT.

**** This declaration must be filed before a judicial candidate may accept
campaign contributions or make campaign expenditures. Elec. Code § 253.164. ****

Please check the appropriate box.



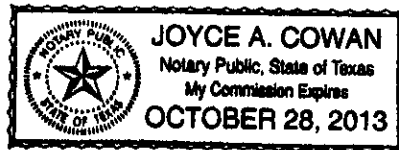
I swear or affirm that I will voluntarily comply with the limits on expenditures prescribed by the Judicial Campaign Fairness Act.



I hereby affirm that I do not intend to comply with the limits on expenditures prescribed by the Judicial Campaign Fairness Act.

10/25/10
Date

Robert Updegrave
Signature of Candidate



AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me by *R. Updegrave* this the *25* day
of *OCT.*, 20*10*, to certify which, witness my hand and seal of office.

Joyce A. Cowan
Signature of officer
administering oath

Joyce A. Cowan
Print name of officer
administering oath

NOTARY
Title of officer
administering oath