

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: <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <div style="font-size: 1.5em; text-align: center;">Robert E</div> NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Updegrove</div>		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> OCT 04 2010 ELECTION OFFICE 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 <div style="font-size: 1.2em;">PO Box 663 SMD Tx 78667</div> <div style="font-size: 1.2em; text-align: center;">Marcos</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 805 0385</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI <div style="font-size: 1.5em; text-align: center;">David S</div> NICKNAME LAST SUFFIX <div style="font-size: 1.5em; text-align: center;">Watts</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">144 S. Guadalupe SMD Marcos Tx 78666</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 395 - 8538</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <div style="font-size: 1.5em;">7 / 1 / 2010 9 / 23 / 10</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">11 / 2 / 2010</div>	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)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">County Court @ Law #1</div>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE TO 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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

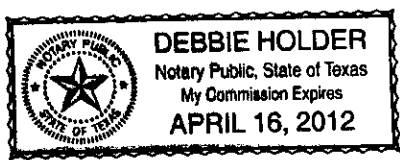
15 C/OH NAME _____ **16 ACCOUNT #** (Ethics Commission filers) _____

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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 650 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2171 ⁷⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1050 ⁰⁰
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Updegrave, this the 4th day of Oct, 2010, to certify which, witness my hand and seal of office.

Debbie Holder Signature of officer administering oath
Debbie Holder 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 this Schedule A: <p style="text-align: center; font-size: 24px;">1</p>	
2 FILER NAME <p style="font-size: 24px; text-align: center;">Robert Updegrade</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 24px; text-align: center;">HAYS County Republicans</p>	7 Amount of contribution (\$) <p style="font-size: 24px; text-align: center;">200⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 24px; text-align: center;">PO Box 1655 SM TX 78667</p>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 24px; text-align: center;">Matt J. Hill</p>	Amount of contribution (\$) <p style="font-size: 24px; text-align: center;">250⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 24px; text-align: center;">18 Impala Way SAN ANTONIO 78258</p>			
Principal occupation \ Job title (See Instructions) <p style="font-size: 24px; text-align: center;">Attorney</p>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 24px; text-align: center;">Charlie Johnson</p>	Amount of contribution (\$) <p style="font-size: 24px; text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 24px; text-align: center;">22 Brookmeadow Woodcreek Tx 78674</p>			
Principal occupation \ Job title (See Instructions) <p style="font-size: 24px; text-align: center;">Retired</p>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <p style="font-size: 24px; text-align: center;">William Torrey</p>	Amount of contribution (\$) <p style="font-size: 24px; text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="font-size: 24px; text-align: center;">PO Drawer 752 Cameron TX 76520</p>			
Principal occupation \ Job title (See Instructions) <p style="font-size: 24px; text-align: center;">Attorney</p>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: 1
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/2010	5 Payee name <i>The Bumper Sticker Com.</i> 6 Payee address; City; State; Zip Code <i>612 W 34th Austin Tx 78705</i>	8 Amount (\$) 536⁹²
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Vinyl Stickers</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 9/2010	Payee name <i>Lowes</i> Payee address; City; State; Zip Code <i>2211 IH 35 SAN MARCOS Tx 78666</i>	Amount (\$) 577
	Purpose of expenditure (See instructions regarding type of information required.) <i>ZIP TIES</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/2010	Payee name <i>M. Coy</i> Payee address; City; State; Zip Code <i>110 Wonderland SAN MARCOS Tx 78666</i>	Amount (\$) 86⁵⁴
	Purpose of expenditure (See instructions regarding type of information required.) <i>T Pacts, 2x2 2x2</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 8/2010	Payee name <i>Sign Arts</i> Payee address; City; State; Zip Code <i>Po Box 1416 SAN MARCOS Tx 78667</i>	Amount (\$) 1542⁵⁶
	Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i>	<input checked="" 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