# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

CHIVIFAIG	IA LHAMIAOF IVELOISI		OOVER ONCE I FO I
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Judge Ronnie  McDonal	MI SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX, APT/SUITE #; CITY;  P. D. BOX 1027  BOSTOP, TX 784	STATE; ZIP CODE	JAN 18 2010 - JA
6 CAMPAIGN	AREA CODE PHONE NUMBER  (5/2) 332-720  MS/MRS/MR FIRST	EXTENSION	Date Processed 8:30km
TREASURER NAME	Mr. Steve NICKNAME LAST Miller	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	city; state; Bastrop, 7	X 78602
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 557-6520	extension .	
9 REPORTTYPE	January 15 30th day before election  Sth day before election	Runoff  Exceeded \$500 #mit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 31	Pear ROID
11 ELECTION	Month Day Year ELECTION TYPE  A 2010 Primary	Runoff	General Special
12 OFFICE	County Judge	13 OFFICE SOUGHT (# know	Judge
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EX		
additional pages	Address / PO Box; Apt. / Suite #; City, State; Zip Cod	ke	
	GO TO PAG	3E 2	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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(S)	COMMITTEE TYPE	COMMITTEE NAME  COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	:	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,200	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	D \$	
	4. TOTAL	\$5,183,42		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ \( \int_{\text{\chi}} \)			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT	GAYLE WILHELM BY COMMISSION EXPIRE February 25, 2013	I swear, or affirm, under penalty of points true and correct and includes all interest me under Title 15, Election Code.  Signature of Candid	formation required to be reported by	
Sworn to and subs	scribed before	, ,	and, this the	
Laye U	Chelm	g, 20 // , to certify which, witness my GauleWilhelm	hand and seal of office.	
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of office administering oath	

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sci	nedute A:
2 FILER NAME		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 2-19-10	5 Full name of contributor out-of-state PAC(DE)  James + Shirle   Dannen Daum 6 Contributor address; City; State   Zip Code 3100 W. Habam 4 Street	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Houston, TX 77098		   
9 Principal occu	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#) Charles + Karen Taylor	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-28-10	Charles + haren Taylor Contributor address; City; State; Zip Code 304 Gresham Street	100	
Principal occuj	Smithville, TX 78957 pation / Job title (See Instructions) Employer (See		 of Texas, complete Schedule T}
Date	Full name of contributor out-of-state PAC(10*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-2-10	American Constructors Contributor address; City; State; Zip Code 4330 Gaines Ranch Loop Ste	100	[ [
	Austin, 1 x 7873>	(If travel outside	of Texas, complete Schedule T)
Re13546	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	She/burne J. Veselka	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-19-10	Contributor address; City, State; Zip Code 4209 Prince Andrew Lane	500	[ ] }
	Austin, 1 X 78730	(If travel outside	i of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC(ID#) Half Associates State PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-1-10	Contributor address; City; State; Zip Code 1 1201 North Bowser Rd	500	 
Principal occup	Ai Enard SDN TX 7508   Employer (See		l of Texas, complete Schedule र)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

# SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sci	nedule A:
2 FILER NAME		3 ACCOUNT # (6	Ethics Commission Filers)
4 Date	Alah or Gay Taylar Erwin	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-1-10	Han or Gay Taylor Erwin  6 Contributor address: City: State: Zip Code  NO, 3 Jeffrey Cove	250	
	Austin, TX 78746	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(10#)  MUNSCH, Hardt, KopfHHARK	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-9-10	Munsch, Hardt, KopfrHARK Contributor address; City; State; Zip Code P.C., 3800 Lincoln Plaza, 500 N. A. AKA	o 250	1
	nallas, TX 75201- 6659	(If travel outside	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions) Employer (See		
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		/If traval nuteida	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions) Employer (See	**	or reads, compress correction ()
Date	Full name of contributor □ out-of-state PAC((D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	•	[ ] 
D22		<del>, , , , , , , , , , , , , , , , , , , </del>	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	
If c	ontributor is out-of-state PAC please see instruction quide forad		requirements

P.O. Box 12070

	·			
	EXPENDITURE	CATEGORIES FOR BOX 8	(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expent Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above)	ttee
	The Instruction Guide	explains how to complete this	form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Fi	ilers)
4 Date 2-1-10 8 Amount (\$)	5 Payee name  Sam Biscoc Ca 7 Payee address; City; St	ampaian #	2255	u
2,174,00	Austin, TX			
8 PURPOSE OF	(a) Category (See categories listed at the to		On (If travel outside of Texas, complete Schedule T)	
EXPENDITURE  3 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	cent from 2006 Office soil	(4mf919h ught Office held	
Date 3 - 8 - 10 Amount (\$)	Payee name  Don Ste Wart  Payee address; City; St	Inc $+$ $\lambda$ ate; Zip Code	76	
30	Bastrop, TX	78602		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ught Office held	
Date 3-1-10 Amount (\$)	Payee name Bluebonne Payee address; City; Sta	# #22	14	سکتا
25	Bastrop, TX			
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	5 K Kace			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ught Office held	
3-1-10	Payee name BCDP +	‡ 2275		1
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
30	Bastrop, Tx			
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	On (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Fundraiser: Bill V	Vhite		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ight Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	AS NEEDED	

SCHEDULE F

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/	•	R (enter a category not listed above)
	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		<i></i>
3-4-10	Deli Depot #22	77	
6 Amount (\$)	7 Payee address; / City; State; Zip Code		
22,30	Bastrop, TX		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if trave	loutside of Texas, complete Schedule T)
EXPENDITURE	Breakfost: Campaign Treasure	<b>/</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholdef name OH	Office sought	Office held
Date 2-4-10	Payee name Don Str Wart #2	271	
Amount (\$)	Payee address; City; State; Zip Code	<i>D</i>	
23.65			
20.00	Bastrop, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)
OF EXPENDITURE	Gas		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Ü	
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
2-4-10	Zimmer hazens	#2272	
Amount (\$)	Payee address; City; State; Zip Code		
31,61	Smith ville, Tx		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Lunch		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name /	, , , /(	V
7-22-10	Mt. Olive Cemetary	Associatio	n # 2273
Amount (\$)	Payee address; City; State; Zip Code		
100	Cedar Creek, TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)
EXPENDITURE	Cemetary tundraiser		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		in Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District		nsportation Equipment & Related Exp	ense
Event Expense	Polling Expense Travel Out Of Dis		ntributions/Donations Made By Candidate/Officeholder/Political Comr	nittee
Fees	Printing Expense Office Overhead/F		HER (enter a category not listed above	/e)
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	Filers)
4 Date	5 Payee name	A	1	1
4-26-10	Teen Camp Mck	innerikovci	4s#2256	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10-7 20	1			
197,00	Bactran Til			•
0 DIDDOSE	(a) Category (See categories listed at the top of this schedule)	(h) Description rites	ryel outside of Texas, complete Schedule T)	
8 PURPOSE OF	to outegory (accommodates into a fall to top of any school of	(b) Description (real	trejousno of jexas, compare cenedue 1)	
EXPENDITURE	Teen Camp	ı		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	PH			
Date	Payee name		11	V
4-26-10	Baxters		# 2257	
Amount (\$)	Payee address; City; State; Zip Code			
110 11				
48.61	A Jan Ty			
	Bastrof, /X			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
EXPENDITURE	Office			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	H			
Date	Payee name ,			
4-27-10	TOK R. JAJ		# 2085	
Amount (\$)	Payee address; City; State; Zip Code		11 0000	
	, , , , , , , , , , , , , , , , , , , ,			
211,60	0 1 0 70			
	Bastrof, 17			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	ĺ
EXPENDITURE	Bannersd Signs			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O		_		
Date	Payee name			, ,
5-W-11	Taxac Gail		# 2258	
Amount (%)	Payee address; City; State; Zip Code		TADIO	
Amount (\$)	Payee address; City; Staté; Zip Code			
18,94	Λ · · · · · · · · · · · · · · · · · · ·			
10/17	1595+10P,1X			
PURPOSE	Category (See categories listed of the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Breakfost Freusurer	ı		
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Omoo oougin	Omoo nota	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E A S NEC	:DED	
	AT INCUMUNITOWAL COPIES OF THIS	OUIEDOFE NO NEC	DED	ļ

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel In Polling Expense Travel O	Wages/Contract Labor Load on/Fundraising Expense Tran i District Con ut Of District Con verhead/Rental Expense OTH	n Repayment/Reimbursement isportation Equipment & Related Expense isportations/Donations Made By candidate/Officeholder/Political Committee IER (enter a category not listed above)
L T-late Oat - late 5		now to complete this form.	6 1000)
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5-21-10	5 Payee name ASD Consultant	LS	# 2262
Amount (\$)	Payee address; City; State; Zip's 180052	7 / 8	•
3 PURPOSE	(a) Category (See categories listed at the top of this sche-	dule) (b) Description (If trav	ret outside of Texas, complete Schedule T)
OF EXPENDITURE	Vartabilian lafun	1	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
6-2-10	Latitude Som Rich	Ne	# 2255
Amount (\$)	Payee address; City; State; Zip	Code 01	1 1 1 1
2,174,00	Travis County Juds	e Please 1.	sime S,M NO, alread
PURPOSE	Category (See categories listed at the top of this sched	dule) Description (if trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Loan Reimbursement	Sam BisiDe	Campain
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-21-10	Maradonia Bapti	st Church	# 2259
Amount (\$)	Payee address; City; State; Zip C	Code	
10	Bastrop, TX		
PURPOSE	Category (See categories listed at the top of this sched	tule) Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	tundraice f		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
le-/le-10 Amount (\$)	American Const Payee address; City, State; Zipo	ryctors	# 2260
. ~			
100	H330 Couth Man	1 / France In it	4 230 Austin 1x787:
PURPOSE	Category (See categories listed at the top of this sched	(ule) Description after	el outside of Texas, complete Schedule T)
OF	1 1 1 1 1		
EXPENDITURE	Contr/Dy/10n Ke fu	Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name	Once sought	Office nero

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

P.O. Box 12070

	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)	
Advertising Expense		alaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	•	olicitation/Fundrai	• .	Transportation Equipment & Related Expense
Consulting Expense Event Expense	- ·	ravel In District ravel Out Of Disti		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	• • •	ffice Overhead/R		OTHER (enter a category not listed above)
	The Instruction Guide ex		•	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Trotal pages conceder.	Z FICER WANTE			O MODORY # (Elisto Odirinosion i inclo)
4 Date	5 Payee name			
0 00 100	, IT N			# 2081
8-30-10	125 TRS			# 2086
6 Amount (\$)	7 Payée address; City; State;	Zip Code		
0000				
32,95	130 at al 1 X	<b>,</b>		
	(A) Salayan (A) when the state of the state	<u> </u>	40 Deportation	Viet and a skill askill
8 PURPOSE OF	(a) Category (See categories listed at the top of t	inis scriedule)	(b) Description (	(If travel outside of Texas, complete Schedule T)
EXPENDITURE				
Gomplete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O			<b>_</b>	
Date	Payee name			11 0-0- 6
8-30-10	HEB			# 2087
Amount (\$)	Payee address; City; State;	Zip Code		
_ ^				
31)	$\Omega$	3/		
00	Bostrof	Х		
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF	91 0			
EXPENDITURE	10-01			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O				
Date	Payee n <u>a</u> me			,
9-13-10	HER			# 2090
Amount (\$)	Payee address; City; State;	Zin Code		ή αυ το
Amount (\$)	rayee address, Ony, Glate,	Zip Code		
$\alpha$	0 1			
30	Bastral 1X			
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF	^	<b>'</b>		
EXPENDITURE	200			
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			
D-4-	D			
Date	Payee name			II Day I V
5-1-10	JAP11			# 226/
Amount (\$)	Payee address; City; State;	Zip Code		·
07.10	^			
37,48	15 al son TV			
	1-astrop, 1		D	
PURPOSE OF	Category (See categories listed at the top of ti	nis schedule)	Description (i	if travel outside of Texas, complete Schedule T)
EXPENDITURE	Trave			
	Candidate / Officeholder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C			Omoc sought	Office Fold
· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULEASN	IEEDED

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services
Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R	Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	# 2.22
9-3-10	NIDDI NOTOGRAPPI	# 2088
6 Amount (\$)	7 Payee address. City; State Zip Gode	
303,10	Bastrop, TX	
8 PURPOSE OF	(a) Category (See cytegories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Christmas Cards	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date G-9-/0	Payee pame Manuel Payer	# 2089
Amount (\$)	Payee address; City; State; Zip Code	
43,28	Bastrop, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Phone Charger	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 9-20-10	Payee,name Deli Dopat	# 2091 -
Amount (\$)	Payee address; / City; State; Zip Code	
25.50	Bostrop, TX	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Offil Broakfast	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	// Candidate / Officeholder frame H	Office sought Office held
Date 9-23-10	Payee name Kultur Platon aphy	# 2093
Amount (\$)	Payee address; City; state; Zip Code	
162,38	Bastrop, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Pertures Christmas	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Öfficeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Git/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundn Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	contract Labor Loa alsing Expense Tra Cor strict Rental Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-/9-10 6 Amount (\$)	7 Payee address; City; State; Zip Code		#2284
45	Bastrop, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date  //-/ Amount (\$)	Payee name  Ani AS  Payee address; City; State; Zip Code		#2278
28.62	Bastrop, TX		
PURPOSE OF EXPENDITURE	Break fact Defice	Description (Iftra	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date       -   -	Payee name  Payee address; City; State; Zip Code		# 2279
21.01	Bastrapity		
PURPOSE OF	Category (See categories listed at the top of this schedula)	Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	Office Beak Past.		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 11-8-10	Payee name Sprint/Nexte		# 2280
Amount (\$)	Payed address; City; State; Zip Code		
410.	Bastrop, TX		
PURPOSE	Category (See categories listed at the top of this schedule)  Phone R. II. Ce III. H015	Description (Ittra	aveloutside of Texas, complete Schedule T)
OF EXPENDITURE	Thone Billi Cell"	11314	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH	Office sought	Office held
,	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED

### SCHEDULE F

	EXPENDITURE CATEGORIES		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundral	sing Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	riak	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense Travel Out Of Distriction  Printing Expense Office Overhead/Re		
Fees	•	•	OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this to	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
		_	
4 Date	5 Payee name	1/	
	15 20 1	// //	#2281 1
11-16-10	- Mexicando		H adol
8 Amount (\$)	7 Payee address; / City; State; Zip Code		1
100			
12, 11	1/2 1 1		•
	1202Mop , 1 x		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	le ha at lung		
	breakfall your	0.00	1
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	et Office held
expenditure to benefit C/C	лн 		
Date	Payee name \ f		
	An Inc		# 2283
11-17-10	/TNITU)		11 0 200
Amount (\$)	Payee address; City; State; Zip Code		Ī
18.12	D I O Ti		
10 100	Dastrop, / X		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	acción la contina	1 1	ή
EXPENDITURE	10++100 151-89/16 195/1/18101	, Movert	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t / Office held
expenditure to benefit C/C	PH		
	Payanama		
Date	Payee name		# 2225
11-18-10	that as being were	1	# 2285
Amount (\$)	Payee address; City; State; Zip Code		
16.55			
14100	Bastrap. IX		}
DIIDBOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	1 1 1 1 1		
EXPENDITURE	I Dreakfast DALine! Kal	n	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/C			
			The state of the s
Date	Payee name		., 4
11-22-11	1 Bartore		#2286
11 65 10	DOX / 1/	·	7. 2(1. 29
Amount (\$)	Payee address; City; State; Zip Code		**************************************
11000			ĺ
45,29	Back-on Ta		· .
<b> </b>	VUSITORII		
PURPOSE	Category (See categories isted at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Pastor Davis:		
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit Ch	ЭН		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E A C	NEEDED
	MI IMORADDITIONAL COPIES OF TIMES	CHEDULERO	142626

Revised 04/21/2010

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8(	a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)			
	The Instruction Guide	e explains how to complete this i	orm.			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 9 - 29-10	5 Payee name	des	# 2092			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held			
Date 10-14-10	Payee name		# 2094 ~			
Amount (\$)	Payee address; City; S	ate; Zip Code	V			
12.22	Bastrap, 7	X				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	pht Office held			
Date 10-27-10	Payee name		800/0396/11			
-Amount (\$)	Payee address; City; St. Sprint Phone	ate; Zip Code Company	22 Q 3 C 4/1			
200		- · · · · · · · · · · · · · · · · · · ·				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)			
Camplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held			
Date	Payee name		, ,			
11-15-10	HEB	ate; Zip Code	# 2282			
Amount (\$)	Payee address; City; St	are, zip oode				
50	Bastrop,	TX				
PURPOSE	Category (See categories isted at the to	p of this schedule) Descriptio	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	[ rave ]					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	tht Office held			
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	SNEEDED			

#### SCHEDULE F

(TDD 1-800-735-2989)

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gilt/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District		abor Loan iense Trans Contr Ca	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made 8y Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
4 7 1 1 7 7 1 1 1 7		explains flow to complet		3 ACCOUNT # (Ethics Co.	mmission Silate)		
1 Total pages Schedule F:	2 FILER NAME	•	1	ACCOUNT # (Ettilos Col	Illinasion i neraj		
4 Date	6 Payee name				2		
12-06-10	2095 # 2095						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
50	B						
	Wastraf , / X						
8 PURPOSE OF	(a) Category (See dategories isted at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)						
EXPENDITURE	Paston top						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Offi	ice sought	Office	held		
Date	Payee name						
12-20-10	HFB			# 22'	87		
Amount (\$)	Payee address; City; Sta	ite; Zip Code					
50	Boston TX				***		
DUDDOCE	Category (See categories listed at the top	of this schedule) De	scription (If trave	loutside of Texas, complete Sch	edule T)		
PURPOSE OF	- T	, , , , , , , , , , , , , , , , , , , ,		. ,	<u> </u>		
EXPENDITURE	Irave						
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name	1		. /	, ,		
12-16-10	July Willo	lm		# 20°	10		
Amount (\$)	Payee address; City; Sta	te; Zip Code		•			
25	Boston	/					
PURPOSE	Category (See categories listed at the top	of this schedule) De	scription (If trave	el outside of Texas, complete Sch	edule T)		
OF	Va. Dat 1	¿ +			ļ		
EXPENDITURE	I mas Parly, C	ounty	ina naught	Office	hold		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name /	1	6		1		
12-15-10	Charleng held	Armal.	HNB.	)# None			
Amount (\$)	Payee address; City; Sta	te; Zip Code					
					1		
125	Bastrap, TX						
PURPOSE OF	Category (See categories listed at the top	or unis schedule) De	esculvion (Ittrave	outside of Texas, complete Sch	leans 11		
EXPENDITURE	Country Xmas 1	atr					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Austin, Texas 78711-2070

P.O. Box 12070

	EXPENDITURE CATE	ORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking	=	ion/Fundraising Expense	Transportation Equipment & Related Expense		
Consulting Expense	• •	n District	Contributions/Donations Made By		
Event Expense	<u> </u>	Out Of District	Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office C	verhead/Rental Expense	OTHER (enter a category not listed above)		
	The instruction Guide explains	how to complete this fo	rm.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name		,		
12-28-10			# 2288		
			# 2200		
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
1.E					
$\varphi \supset$	Box Land RV				
	1005/10/1				
8 PURPOSE	(a) Category (See categories listed at the top of this sche	dute) (b) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	TOUGH	Í			
	1 //9/1				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held		
expenditure to benefit C/C	DH .				
Date	Payee name				
1-10-11	Bacton a Martin		# 2289		
	Dasirop Haveriise	<u></u>	# 2001		
Amount (\$)	Payee address; City; State; Zip	Code			
	_				
53,00	0 1 2 7	0160			
0 010	Dastrop, 1 X	8602			
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)		
OF	KA 1/ //				
EXPENDITURE	INLK HA				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	Office sought Office held		
expenditure to benefit C/C	OH ·				
	T				
Date	Payee name		# 2200 /		
1-10-11	Dmithville 11	mes	# 2290 ビ		
Amount (\$)	Payee address; City; State; Zip	Code			
40.50		-700 -7			
10130	15mith/1/18,/X	7895/			
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)		
OF	MIV A				
EXPENDITURE	MAN Ha				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held		
expenditure to benefit C/C	oH .				
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip	Code			
	, , , , , , , , , , , , , , , , , , , ,				
DUDDOSE	Category (See categories listed at the top of this sche	dule) Description	(if travel outside of Texas, complete Schedule T)		
PURPOSE OF	Carefloth (nee catefolies interesting tobas allos pens	Description	fill a difference of toward, continues conserved ()		
EXPENDITURE					
	Candidate / Officeholder name	Office sough	t Office held		
Complete ONLY if direct expenditure to benefit C/0		Onice edugit	. Onice neig		
-Apenditure to benefit Of	· · · · · · · · · · · · · · · · · · ·				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED		