

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:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 Judge... Ronnie...
 NICKNAME LAST SUFFIX
 McDonald

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
 Box 1027 Bastrop, TX 78602

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 332-7201

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Mr... Steve...
 NICKNAME LAST SUFFIX
 Miller

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 322 Hwy 21W Cedar Creek, TX 78612

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (713) 557-6520

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
 6 / 30 / 08 THROUGH 6 / 30 / 2009

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

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)
 County Judge

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

OFFICE USE ONLY
RECEIVED
 AUG 20 2009
 Elections Administrator
 Bastrop Co.
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

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 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 TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

additional pages

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Judge Ronnie McDonald

P.O. Box 1027 Bastrop, TX 78602

Steve Miller

322 Hwy 21 West Cedar Creek, TX 78612

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)

\$

1,710.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,217.59

CONTRIBUTION BALANCE

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

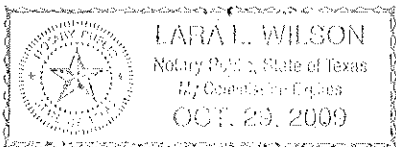
\$

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.

Ronnie McDonald
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said August, this the 17th day of August, 20 09, to certify which, witness my hand and seal of office.

Laral L. Wilson
Signature of officer administering oath

Laral L. Wilson
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/09	6 Contributor address; City; State; Zip Code 1201 North Bowser Rd Richardson, TX 75081	\$250	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan R and Gay Taylor Erwin	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/09	Contributor address; City; State; Zip Code No 3 Jefferey Cove Austin, TX 78744	\$200	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Veselka	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/08 12/08/08	Contributor address; City; State; Zip Code 4807 Mt. Bonnell Road Austin, TX 78731	\$700.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie McDonald	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/08	Contributor address; City; State; Zip Code P.O. Box 1027, Bastrop, TX	\$60.00	Nancy's Redeposit for employee Christmas Party
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Hejl	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/13/09	Contributor address; City; State; Zip Code 13 Oakview Round Rock, TX 78664	\$500.00	
		(If travel outside of Texas, complete Schedule T)	
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	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
7/2/08	Bastrop, ISD 1203 Hill St. Bastrop, TX 78602	\$ 350.00 # 2182

8 Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
8/29/08	Food Pantry Bastrop, TX 78602	\$ 75.00 # 2072

Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
8/27/08	Pizza Hut Bastrop, TX	\$ 40.03 # 2073

Purpose of payment (See instructions regarding type of information required.) Take out for office (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
9/18/08	Pizza Hut Bastrop, TX	\$ 18.34 # 2074

Purpose of payment (See instructions regarding type of information required.) Take out for office (If travel outside of Texas, complete Schedule T)	** 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

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 10/14/08	5 Payee name Dale Wilhelm 6 Payee address; City; State; Zip Code Bastrop, Tx	7 Amount (\$) \$ 30.00 #2075
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/18/08	Payee name Kibby Portraits Payee address; City; State; Zip Code Bastrop, Tx 78602	Amount (\$) \$ 303.10 # 2183 *
Purpose of payment (See instructions regarding type of information required.) Campaign Pictures (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/17/08	Payee name Nancy's Restaurant (Cash) Payee address; City; State; Zip Code Bastrop, Tx	Amount (\$) \$ 120.00
Purpose of payment (See instructions regarding type of information required.) Employee Christmas Party at Home (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/24/08	Payee name Postmaster Payee address; City; State; Zip Code Bastrop, Tx	Amount (\$) \$ 84.00 # 2184 *
Purpose of payment (See instructions regarding type of information required.) P.O. Box Rental (If travel outside of Texas, complete Schedule T)	** 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

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	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
12/22/08	GNC Printing Bastrop, Tx	\$ 172.93 # 2185
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Campaign Christmas Cards		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
1/16/09	Anitas Bastrop, Tx 78602	\$ 23.31 # 2186
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Take out for Office		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
1/21/09	Pockets Smithville, Tx	\$ 35.07 # 2187
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
MLK Walk		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
1/30/09	The Bastrop Advertiser Bastrop, Tx	\$ 103.50 # 2188
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Ad		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 1/23/09	5 Payee name <i>Smithville Times</i> 6 Payee address; City; State; Zip Code <i>Smithville, TX</i>	7 Amount (\$) \$ 50.00 # 2189
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8 Purpose of payment (See instructions regarding type of information required.) <i>Ad</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/28/09	Payee name <i>Anita's</i> Payee address; City; State; Zip Code <i>Bastrop, TX 78602</i>	Amount (\$) \$ 10.15 # 2190
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Purpose of payment (See instructions regarding type of information required.) to <i>Breakfast for Office</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/23/09	Payee name <i>HEB</i> Payee address; City; State; Zip Code <i>Bastrop, TX</i>	Amount (\$) \$ 20.00 # 2191
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Purpose of payment (See instructions regarding type of information required.) <i>Gas</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/26/09	Payee name <i>Moxines</i> Payee address; City; State; Zip Code <i>Bastrop, TX</i>	Amount (\$) \$ 13.48 # 2192
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Purpose of payment (See instructions regarding type of information required.) <i>Takeout for Office</i> (If travel outside of Texas, complete Schedule T)	** 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

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	5 Payee name	7 Amount (\$)
3/2/09	Mr. Brown's Bar-B-Que 6 Payee address; City; State; Zip Code	\$ 10.00
	Cedar Creek, TX	# 2193

8 Purpose of payment (See instructions regarding type of information required.) Take Officeholder (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
3/9/09	Dominos Payee address; City; State; Zip Code	\$ 13.50
	Bustrop, TX	# 2194

Purpose of payment (See instructions regarding type of information required.) Officeholder (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
3/18/09	Bustrop Signs Payee address; City; State; Zip Code	\$ 303.10
	Bustrop, TX	# 2195

Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
4/6/09	Margie's Place Payee address; City; State; Zip Code	\$ 26.00
	Bustrop, TX	# 2196

Purpose of payment (See instructions regarding type of information required.) Walk (If travel outside of Texas, complete Schedule T)	** 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

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 4/9/09	5 Payee name <i>Fitties</i> 6 Payee address; City; State; Zip Code <i>Bastrop, TX</i>	7 Amount (\$) \$ 5.10 # 2197
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8 Purpose of payment (See instructions regarding type of information required.) <i>Ty McDonald Campaign</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/21/09	Payee name <i>Ty McDonald Campaign</i> Payee address; City; State; Zip Code <i>Bastrop, TX</i>	Amount (\$) \$ 90.00 # 2199
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Purpose of payment (See instructions regarding type of information required.) <i>Ty McDonald Campaign</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/28/09	Payee name <i>Bastrop County A&M Club</i> Payee address; City; State; Zip Code <i>Bastrop, TX</i>	Amount (\$) \$ 20.00 # 2202
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Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/28/09	Payee name <i>Anita</i> Payee address; City; State; Zip Code <i>Bastrop, TX</i>	Amount (\$) \$ 14.67 # 2203
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Purpose of payment (See instructions regarding type of information required.) <i>Officeholder</i> (If travel outside of Texas, complete Schedule T)	** 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

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 5/4/09	5 Payee name Rev. R. D. Smith 6 Payee address; City; State; Zip Code Bastrop, TX	7 Amount (\$) \$40.00 # 2204
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8 Purpose of payment (See instructions regarding type of information required.) Doorhanger (Ty McDonald) (If travel outside of Texas, complete Schedule T) Campaign	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/6/09	Payee name Bastrop Copier Payee address; City; State; Zip Code Bastrop, TX	Amount (\$) \$27.06 # 2205
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/7/09	Payee name Bastrop Copier Payee address; City; State; Zip Code Bastrop, TX	Amount (\$) \$50.07 # 2206
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/15/09	Payee name Bastrop Copier Payee address; City; State; Zip Code Bastrop, TX	Amount (\$) \$20.00 # 2207
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** 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

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 4/27/09	5 Payee name HERB 6 Payee address; City, State; Zip Code Bastrop, TX	7 Amount (\$) \$ 20.00 *
8 Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/1/09	Payee name Billy's Bar-B-Que Payee address; City, State; Zip Code Bastrop, TX	Amount (\$) \$ 23.60 # 2198
Purpose of payment (See instructions regarding type of information required.) Officeholder (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/1/09	Payee name Billy Bops Bar-B-Que Payee address; City, State; Zip Code Bastrop, TX	Amount (\$) \$ 15.48 # 2201
Purpose of payment (See instructions regarding type of information required.) Food Officeholder (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/19/09	Payee name Richard Family Bakery Payee address; City, State; Zip Code Bastrop, TX	Amount (\$) \$ 7.07 # 2208
Purpose of payment (See instructions regarding type of information required.) Birthday Br Office (If travel outside of Texas, complete Schedule T)		** 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

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 5/26/09	5 Payee name Bastrop Florist 6 Payee address; City; State; Zip Code Bastrop, Tx	7 Amount (\$) \$45.47 # 2209
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8 Purpose of payment (See instructions regarding type of information required.) Flowers for Mrs. Walker's birthday (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/05/09	Payee name Smithville Times Payee address; City; State; Zip Code Smithville, Texas	Amount (\$) \$37.50 # 2210
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Purpose of payment (See instructions regarding type of information required.) Ad (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** 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

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 files)

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

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:**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
Judge Ronnie
NICKNAME LAST SUFFIX
McDonald

OFFICE USE ONLY
RECEIVED
SEP 30 2008
Elections Administrator
Bastrop Co.
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
Box 1027 Bastrop, TX 78602

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 332 7201

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Mr. Terry
NICKNAME LAST SUFFIX
Dir

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1109 Pecan Bastrop, TX 78602

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 304 0909

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
1 / 1 / 08 THROUGH 6 / 30 / 08

11 ELECTION
ELECTION DATE: Month Day Year *1 / 1 /*
ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) *County Judge* **13 OFFICE SOUGHT (if known)**

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

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

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

\$ ~~100~~

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

\$ 1000.00

EXPENDITURE TOTALS

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

\$ 100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,427.50

CONTRIBUTION BALANCE

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

\$ 409.57

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.

Ronnie McDonald

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RONNIE McDONALD, this the 30th day of September, 2008, to certify which, witness my hand and seal of office.

Rebecca Miller

Signature of officer administering oath

REBECCA MILLER

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

McDonald

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/15/08

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

Linberger, Grogan, Blair

6 Contributor address; City; State; Zip Code

*2 Sampson
Box 17428
Austin, TX 78760*

7 Amount of contribution (\$)

\$ 1000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

McDonald

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/15/08

5 Payee name

Insite Group

7 Amount (\$)

553⁹²

6 Payee address; City; State; Zip Code

*123 E. Wm. J. Bryan Pkwy
Bryan, TX 77803*

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

Adv. Materials
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

5/23/08

Payee name

Insite Group

Amount (\$)

499⁹⁵

Payee address; City; State; Zip Code

*123 E. Wm J. Bryan Pkwy
Bryan, TX 77803*

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

Adv. Mat'l's
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

1/16/08

Payee name

Bestrop Adv.
Payee address; City; State; Zip Code
Bestrop TX

Amount (\$)

98²²

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

Pol. Adv.
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

6/6/08

Payee name

BISD
Payee address; City; State; Zip Code

Amount (\$)

175

Community League Adv.

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED