

**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 <i>Judge Ronnie</i> NICKNAME LAST SUFFIX <i>McDonald</i>	OFFICE USE ONLY Date Received RECEIVED APR 05 2010 Date Hand-delivered or Date Postmarked 1:38PM Elections Administrator Bastrop Co. 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 <i>Box 1027</i> <i>Bastrop, Tx 78602</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 332-7201</i>		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI <i>Mr. Steve</i> NICKNAME LAST SUFFIX <i>Miller</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY: STATE: ZIP CODE <i>322 Hwy 21 West Cedar Creek, Tx 78612</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 557-6520</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 <i>6 / 30 / 2009</i> <i>1 / 30 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i> / / </i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Judge</i>	13 OFFICE SOUGHT (if known) <i>County Judge</i>	
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 <input type="checkbox"/> 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 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

Judge Ronnie McDonald

COMMITTEE ADDRESS

P.O. Box 1027 Bastrop, TX 78602

COMMITTEE CAMPAIGN TREASURER NAME

Steve Miller

COMMITTEE CAMPAIGN TREASURER ADDRESS

322 Hwy 21 West Cedar Creek, TX 78612

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 390

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

\$ 11,940

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,849

CONTRIBUTION BALANCE

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

\$ 11,340

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 5th day of April, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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 Form)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-10-09	Stephen + Susan Roth 6 Contributor address; City; State; Zip Code 4111 Tablersock Dr. Austin, TX 78731-1339	100.00 (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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-09	Frederick + Anna Steiner Contributor address; City; State; Zip Code 3132 Eanes Cir Austin, TX 78746-6741	100 (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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-09	Thomas Loomis + Gail Buxton Contributor address; City; State; Zip Code 4004 Sinclair Ave Austin, TX 78756	500 (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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-14-09	Brown McCarroll LLP Contributor address; City; State; Zip Code 111 Congress Ave, Suite 1400 Austin, TX 78701-4043	1000 (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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Gerald Baum Contributor address; City; State; Zip Code 8608 Tallwood Dr. Austin, TX 78759	35 (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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest F. Bogart	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9-29-09	6 Contributor address; City; State; Zip Code 144 Ra Hlesnake Hill Rd Elgin, Tx 78621	(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#: _____) Congressman Lloyd ^{Doggett} Bentzen Camp	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
10-13-09	Contributor address; City; State; Zip Code 300 East 8th St. # 763 Austin, Tx 78701	(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#: _____) Kinebarger, Gossan, Blair, Sampson	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
10-13-09	Contributor address; City; State; Zip Code P.O. BOX 17428 Austin, TX 78760	(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#: _____) Heih, Lee & Associates, Inc.	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
10-13-09	Contributor address; City; State; Zip Code 321 Ed Schmidt Blvd, Suite 100 Hutto, Tx 78634	(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#: _____)	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
10-13-09	Contributor address; City; State; Zip Code MOPAC Expressway Ste. 220 Austin, TX 78746	(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission Filer)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-09	Rebecca Bray 6 Contributor address: City: State: Zip Code 2606 Harris Blvd Austin, TX 78703	25	
(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Claire McKinney Contributor address: City: State: Zip Code 3845 Ranch Road 2222 #6 Austin, TX 78731	50	
(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Jacob Limon Contributor address: City: State: Zip Code 207 E Oxford Dr. Pflugerville, TX 78660	50	
(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	AT&T PAC Contributor address: City: State: Zip Code 400 West 15th Street, Ste 1000 Austin, TX 78701	50	
(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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Pix & Catherine Howell Contributor address: City: State: Zip Code P.O. Box 663 Wimberley, TX 78676	150	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-09	Allan Pollock 4705 Hickory Hollow Austin, TX 78731	250	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Raba-Kistner P.A.C., Inc. P.O. Box 690287 San Antonio, TX 78269	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Karen Friesel 4603 Cat Creek Trail Austin, TX 78731	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Clint Hackney One Call Concepts P.O. Box 163164 Austin, TX 78716	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Pasar Public Affair Consulting 2313 Lake Austin Blvd Ste 204 Austin, TX 78703	250	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-09	C.R. Cone way Jr. & Cathyl Cone way 6 Contributor address; City; State; Zip Code 8701 Blue creek Cove Austin, TX 78735	100 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Walter & Kathleen Tacquard Contributor address; City; State; Zip Code 11400 Murcia Austin, TX 78759	100 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Jim Powers Contributor address; City; State; Zip Code P.O. Box 350 Dripping Springs, TX 78620	100 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	American Constructors Contributor address; City; State; Zip Code 4330 Gaines Ranch Loop, Ste. 230 Austin, TX 78735	100 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	ASO Consultants Contributor address; City; State; Zip Code P.O. Box 180052 Austin, TX 78718	200 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission file)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-09	Alan + Gay Taylor Erwin 6 Contributor address; City; State; Zip Code NO. 3 Jeffrey Cove Austin, TX 78746	300 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Committee for Innovative Govt. Contributor address; City; State; Zip Code 502 E. 11th St, Ste. 300 Austin, TX 78701	500 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Gary + Mary Schiff Trust Contributor address; City; State; Zip Code 3101 Hwy 71 East Ste. 200 Bastrop, TX 78602	500 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Half Associates State PAC Contributor address; City; State; Zip Code 1201 North Bowser Rd Richardson, TX 75081	500 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-13-09	Jim Marsten Contributor address; City; State; Zip Code	25 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission #/s)	
4 Date 10-13-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Diane Alterhof</i>	7 Amount of contribution (\$) 30	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lucy Todd</i>	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1307 Main Bastrop, Tx 78602</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Doug Zable</i>	Amount of contribution (\$) 25	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 10-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Carpenter</i>	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1700 Palisades Pointe Ln Austin, Tx 78738</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-13-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ron Davis Campaign Fund</i>	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 16665 Austin, TX 78761</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission file#)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-13-09	Kirk Watson Campaign Account 6 Contributor address; City; State; Zip Code P.O. Box 2004 Austin, TX 78768	250	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 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)
10-13-09	Garry Mauro Contributor address; City; State; Zip Code P.O. Box 13083 Austin, TX 78711	100	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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)
10-13-09	Bracewell & Giuliani Contributor address; City; State; Zip Code 711 Louisiana Street, Ste. 2300 Houston, TX 77002	1,000	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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)
12-7-09 10-13-09	LAN-PAC Contributor address; City; State; Zip Code 2925 Briar Park Dr. Fl. 4 Houston, TX 77042	250	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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)
12-22-09	Pasar Public Affairs Consulting Contributor address; City; State; Zip Code 2313 Lake Austin Blvd ste. 204 Austin, TX 78703	500	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-23-09	Tommy Warren Investments, Inc. 6 Contributor address; City; State; Zip Code P.O. Box 9269 The Woodlands, TX 77387	300 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-28-10	Charles & Karen Taylor Contributor address; City; State; Zip Code 306 Gresham Street Smithville, TX 78957	100 (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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2-19-10	James & Shirley Dannenbaum Contributor address; City; State; Zip Code 3100 W. Alabama Street Houston, TX 77098	500 (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# _____)	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 <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

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 (\$)

12-18-09

6 Payee address; City; State; Zip Code

elmsite #2238
Buyon/College Station, TX

270

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

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

Campaign Signs
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-14-09

Payee address; City; State; Zip Code

HEB #2211
Bastrop, TX 78602

45

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

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

Gas
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

8-20-09

Payee address; City; State; Zip Code

Bastrop A&M Club #2200
Bastrop, TX 78612

20

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

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

Donation: Scholarship
(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9-16-09

Payee address; City; State; Zip Code

First National Bank #2076
Bastrop, TX 78612

20

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

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

Over draft charge
(If travel outside of Texas, complete Schedule T)

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 9-9-09	5 Payee name Threadgill's Fundraiser #2076 6 Payee address; City; State; Zip Code 301 West Riverside Drive Austin, TX 78704	7 Amount (\$) 300
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8 Purpose of payment (See instructions regarding type of information required.) Fundraiser Food Deposit (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 9-23-09	Payee name U.S. Post Office #2077 6 Payee address; City; State; Zip Code Bastrop, TX 78602	Amount (\$) 56
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Purpose of payment (See instructions regarding type of information required.) Renew Post Office (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 10-2-09	Payee name Bastrop Advertiser #2078 6 Payee address; City; State; Zip Code Bastrop, TX	Amount (\$) 318
-----------------	---	--------------------

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

Date 10-5-09	Payee name Flowers Smithville Florist #2079 6 Payee address; City; State; Zip Code Smithville, TX 78957	Amount (\$) 81.18
-----------------	--	----------------------

Purpose of payment (See instructions regarding type of information required.) Flowers for Mrs. Wilhelm funeral (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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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

Amount (\$)

10-9-09

Rick Rivera (Ticket City) # 2080 ✓

500

6 Payee address; City; State; Zip Code

Austin, TX

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

Bestrop Education Fund
(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

Payee name

Amount (\$)

10-13-09

Susan Harry Consulting #2081 ✓

2,669.67

Payee address; City; State; Zip Code

Austin, TX

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

Consulting Fee
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10-13-09

Threadgill's #2082 ✓

184.67

Payee address; City; State; Zip Code

301 West Riverside
Austin, TX 78704

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

Food For Fundraiser
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11-3-09

Smithville Times #2083 ✓

40

Payee address; City; State; Zip Code

Smithville, TX

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

Veteran's Day article
(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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3,394.34

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	Amount (\$)
10-21-09	HERB # 2213 Bastrop, TX 78602	40

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	Payee name	Amount (\$)
10-23-09	HERB # 2214 Bastrop, TX 78602	35

Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
10-26-09	HERB # 2215 Bastrop, TX 78602	30

Purpose of payment (See instructions regarding type of information required.) Gas (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
11-02-09	HERB # 2218 Bastrop, TX 78602	53.79

Purpose of payment (See instructions regarding type of information required.) Gas (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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158.79

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 files)

4 Date

5 Payee name

7 Amount (\$)

10-21-09

Boys & Girls Club #2212 ✓

6 Payee address; City, State; Zip Code

Bastrop, TX 78612

50

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

Charity Donation
(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

Payee name

Amount (\$)

11-5-09

Peli Depot #2220 ✓

Payee address; City, State; Zip Code

Bastrop, TX 78602

27.08

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

Office lunch
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11-13-09

Antab's #2222 ✓

Payee address; City, State; Zip Code

Bastrop, TX 78602

37.40

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

Lunch meeting
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11-16-09

Pockets #2224 ✓

Payee address; City, State; Zip Code

Bastrop Smithville, TX

17.18

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

lunch w/ Jim Wither
(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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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 (\$)
11-09-09	G-a. HEB 6 Payee address: City; State; Zip Code	#2221	30
	Bastrop, TX 78602		

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	Payee name	✓	Amount (\$)
11-13-09	HEB Payee address: City; State; Zip Code	#2223	56.31
	Bastrop, TX 78602		

Purpose of payment (See instructions regarding type of information required.) Gas Veteran's Day (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	Payee name	✓	Amount (\$)
11-23-09	HEB Payee address: City; State; Zip Code	#2226	30
	Bastrop, TX 78602		

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	Payee name	✓	Amount (\$)
04 11-13-09	CCMS Pals Payee address: City; State; Zip Code	#2084	14
	Cedar Cree K, TX 78612		

Purpose of payment (See instructions regarding type of information required.) Donation Middle School (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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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 files)

4 Date	5 Payee name	7 Amount (\$)
10-27-09	Red White & Blue Banquet # 2216 6 Payee address; City; State; Zip Code Bastrop, TX 78602	25

8 Purpose of payment (See instructions regarding type of information required.) Fundraiser (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	Payee name	Amount (\$)
11-4-09	Steve Miller # 2219 Payee address; City; State; Zip Code 322 Hwy 21 West Cedar Creek, TX 78612	500

Purpose of payment (See instructions regarding type of information required.) Political Fundraising Consulting Fee (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	Payee name	Amount (\$)
12-7-09	HEB # 2230 Payee address; City; State; Zip Code Bastrop, TX	32

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	Payee name	Amount (\$)
12-7-09	HEB # 2229 Payee address; City; State; Zip Code Bastrop, TX	30

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
---	--

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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 (\$)

12-09-09

HERB #2231

6 Payee address; City, State; Zip Code

Bastrop, TX

23

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

Donuts
(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

Payee name

Amount (\$)

12-21-09

HERB #2239

Payee address; City, State; Zip Code

Bastrop, TX

30

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

Gas
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-10-09

Kilby Photography #2227

Payee address; City, State; Zip Code

Bastrop, TX 78602

86.50

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

Christmas Cards
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-04-09

Deli Depot #2228

Payee address; City, State; Zip Code

Bastrop, TX

26.89

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

Branch
(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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166.39

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 files)

4 Date

5 Payee name

7

Amount (\$)

11-24-09

Anita's

#2225

27

6 Payee address; City; State; Zip Code

Bastrop, TX

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

Office Breakfast

(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

Payee name

Amount (\$)

12-18-09

Baxter's

#2235

36

Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Office lunch

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-21-09

Postmaster

#2236

158.40

Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Mailout stamps

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-21-09

Baxter's

#2237

42.35

Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Office Lunch

(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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263.75

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 (\$)

12-14-09

Christmas Kibby Photography # 2232

627.85

6 Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Christmas Picture
(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

Payee name

Amount (\$)

12-09-09

Democratic Party # 2233

750.00

Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Filing Fee
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-6-10

Bastrop County Election Office # 2234

5

Payee address; City; State; Zip Code

Bastrop, TX 78612

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

Registered Voter Disk
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-30-10

Howe # 2240

45.00

Payee address; City; State; Zip Code

Bastrop, TX 78612

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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1,427.85

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 (\$)
1-11-10	Sprint 6 Payee address; City; State; Zip Code Austin, TX	# 2242	325

8 Purpose of payment (See instructions regarding type of information required.) Phone Bill (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 (\$)
1-14-10	Antas 6 Payee address; City; State; Zip Code Bastrop, TX	# 2246	25

Purpose of payment (See instructions regarding type of information required.) Brunch (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 (\$)
1-12-10	CASA 6 Payee address; City; State; Zip Code Bastrop, TX 78612	# 2247	25

Purpose of payment (See instructions regarding type of information required.) Donation: Childrens Advocates (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 (\$)
1-14-10	Shell 6 Payee address; City; State; Zip Code	# 2248	29.15

Purpose of payment (See instructions regarding type of information required.) Gas (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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404.15

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 files)

4 Date 1-15-10	5 Payee name Bastrop Advertising #2244 ✓ 6 Payee address; City; State; Zip Code Bastrop, TX 78612	Amount (\$) 53
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8 Purpose of payment (See instructions regarding type of information required.) Article: MLK (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 1-22-10	Payee name Smithville Times #2245 ✓ Payee address; City; State; Zip Code Smithville, TX	Amount (\$) 40.50
-----------------	--	----------------------

Purpose of payment (See instructions regarding type of information required.) Article (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 1-05-10	Payee name Shell #2241 ✓ Payee address; City; State; Zip Code Bastrop, TX 78612	Amount (\$) 32
-----------------	--	-------------------

Purpose of payment (See instructions regarding type of information required.) Gas (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 1-12-10	Payee name Shell #2243 ✓ Payee address; City; State; Zip Code Bastrop, TX 78612	Amount (\$) 26.50
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Purpose of payment (See instructions regarding type of information required.) Gas (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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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 (\$)

3-8-10 Don Stewart Inc. #2274

6 Payee address; City; State; Zip Code

30

Bastrop, TX 78602

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

Ga³

(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

Payee name

Amount (\$)

3-1-10 Bluebonnett #2274

Payee address; City; State; Zip Code

25

Bastrop, TX

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

5K Race

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-1-10 BCDP #2275

Payee address; City; State; Zip Code

30

Bastrop, TX

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

Fundraiser; Bill White

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3-4-10 Deli Depot #2277

Payee address; City; State; Zip Code

22.30

Bastrop, TX

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

Breakfast; Campaign Treasurer

(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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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 (\$)
2-4-10	Don Stewart #2271 Payee address; City; State; Zip Code Bastrop, TX		23.65

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	Payee name	✓	Amount (\$)
1-27-10	Gail Wilhelm #2254 Payee address; City; State; Zip Code Bastrop, TX		33.34

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Office breakfast (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	✓	Amount (\$)
2-4-10	Zimmerhagen #2272 Payee address; City; State; Zip Code Smithville, TX		31.41

Purpose of payment (See instructions regarding type of information required.) Office Lunch (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	✓	Amount (\$)
2-22-10	Mt. Olive Cemetery Assoc #2273 Payee address; City; State; Zip Code Cedar Creek, TX		100

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