

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

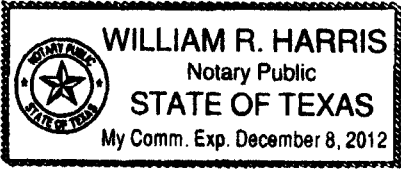
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Ray Bryant</i>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 3096.99
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,351.99
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 523.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 9065.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4164.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø

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.

Ray Bryant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray Bryant, this the 8 day of July, 2010, to certify which, witness my hand and seal of office.

William R. Harris

Signature of officer administering oath

William R. Harris

Printed name of officer administering oath

Personal Banker

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 02/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Thomas Arndt-Dannenbaum Engineering Corp.</i>	7 Amount of contribution (\$) \$500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19907 Kennemer Dr., Pflugerville, TX 78660			

9 Principal occupation \ Job title (See instructions)

10 Employer (See instructions)

Date 02/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Beth & Everett Smith</i>	Amount of contribution (\$) \$200 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 116 Cedar Dr., Mountain City, TX 78610			

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 02/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Beth Nelson</i>	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1524, Kyle TX 78640			

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 02/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Duwan Whitie & Barbara Vinson</i>	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1540 S. Turnerville Rd., Buda TX 78610			

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 02/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Bishop & Kathryn Luckett</i>	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 Oak Forest Dr., Buda TX 78610			

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
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)
04/02/10	HDR, Inc. Contributor address; City; State; Zip Code 8404 Indiana Hills Dr., Omaha NE 68114	\$500 ⁰⁰	
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)
04/08/10	John Sanford Contributor address; City; State; Zip Code P.O. Box 8, Buda TX 78610	\$250 ⁰⁰	
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)
04/10/10	Joe Phillips Contributor address; City; State; Zip Code P.O. Box 1810, McAllen TX 78505	\$250 ⁰⁰	
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)
04/10/10	Joe Phillips Contributor address; City; State; Zip Code P.O. Box 1810, McAllen TX 78505	\$750 ⁰⁰	
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)
04/10/10	Lila Knight Contributor address; City; State; Zip Code P.O. Box 1990, Kyle TX 78640	\$500 ⁰⁰	
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date 04/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Braun</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 466, Dripping Springs TX 78620</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sean & Eileen Compton</i> Contributor address; City; State; Zip Code <i>2601 Great Oaks Pkwy, Austin TX 78756</i>	Amount of contribution (\$) <i>\$150⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andrew Ramirez</i> Contributor address; City; State; Zip Code <i>10301 Rier Plantation Dr., Austin TX 78747</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 04/24/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donald Dacey</i> Contributor address; City; State; Zip Code <i>301 Windy Hill Road, Kyle TX 78640</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 04/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lucy C. Johnson</i> Contributor address; City; State; Zip Code <i>191 Cleveland, Kyle TX 78640</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages this Schedule A:	
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)
04/27/10	Jerry Harris/Brown McCarroll L.L.P. 6 Contributor address; City; State; Zip Code 111 Congress, Suite 1400, Austin TX 78701	\$500 ⁰⁰	
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)
04/28/10	Rob & Karen Reyes Contributor address; City; State; Zip Code 3409 Tricking Springs Way, Pflugerville TX 78660	\$150 ⁰⁰	
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)
04/29/10	Steve Tucker Contributor address; City; State; Zip Code 3717 Allegro Lugar, Austin TX 78749	\$100 ⁰⁰	
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)
05/01/10	Pamela Nelson Contributor address; City; State; Zip Code 206 Treestop Way, Buda TX 78610	\$100 ⁰⁰	
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)
05/03/10	Half Associate State PAC Contributor address; City; State; Zip Code 1201 North Bowser Rd, Richardson TX 75081	\$250 ⁰⁰	
Principal occupation \ Job title (See instructions)		Employer (See instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 05/06/10	5 Full name of contributor Beth & Everett Smith <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 116 Cedar Dr, Mountain City 78610	7 Amount of contribution (\$) \$100 ⁰⁰	8 In-kind contribution description (if applicable)
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9 Principal occupation \ Job title (See instructions)

10 Employer (See instructions)

Date 05/06/10	Full name of contributor Eddy & Mary Etheredge <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code P.O. Box 603, Kyle TX 78640	Amount of contribution (\$) \$150 ⁰⁰	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 05/06/10	Full name of contributor George Murfee <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2601 Vekasquez, Austin TX 78703	Amount of contribution (\$) \$200 ⁰⁰	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 05/06/10	Full name of contributor J.A. & Sherri Williams <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code P.O. Box 1846, San Marcos TX 78667	Amount of contribution (\$) \$55.00	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date 05/06/10	Full name of contributor John Nawn <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 321 Pedigree Dr, Austin TX 78748	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
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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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 05/06/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith & Jeanna Young-Dammenbaum 6 Contributor address; City; State; Zip Code 7315 Scenic Oak Dr. Austin TX 78736 City; State; Zip Code engineering	7 Amount of contribution (\$) \$500 ⁰⁰	8 In-kind contribution description (if applicable)
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9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date 05/06/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael & Vicki Rubsam Contributor address; City; State; Zip Code 137 Amber Ash Dr.,	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date 05/06/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tommy Warren Contributor address; City; State; Zip Code P.O. Box 9269, The Woodlands TX 77387	Amount of contribution (\$) \$500 ⁰⁰	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date 05/07/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Georgie Cunningham Contributor address; City; State; Zip Code 208 Nuthatch, Buda TX 78640	Amount of contribution (\$) \$150 ⁰⁰	In-kind contribution description (if applicable)
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Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date 05/24/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Israel Rocha Contributor address; City; State; Zip Code 4600 Monterey Oaks Blvd, Austin TX 78749	Amount of contribution (\$) \$500 ⁰⁰	In-kind contribution description (if applicable)
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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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>05/06/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robena Jackson</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5900 Rain Creek Pkway, Austin TX 78759</i>			
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)
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)
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)
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)
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.

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PLEGGED CONTRIBUTIONS

SCHEDULE B

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission file)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation \ Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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.

LOANS

SCHEDULE E

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <i>01/25/10</i>	5 Payee name <i>Super Cheap Signs (500 yard Signs)</i> 6 Payee address; City; State; Zip Code <i>9804 Gray Blvd., Austin Tx 78758</i>	7 Amount (\$) <i>\$1555.55</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>500 yard Signs</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>01/27/10</i>	Payee name <i>Super Cheap Signs</i> Payee address; City; State; Zip Code <i>9804 Gray Blvd., Austin Tx. 78758</i>	Amount (\$) <i>\$50.88</i>
Purpose of payment (See instructions regarding type of information required.) <i>500 Business Cards</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>02/10/10</i>	Payee name <i>Texas Democrat Tx Van Donation</i> Payee address; City; State; Zip Code <i>Access to internet / Voter List</i>	Amount (\$) <i>\$75.00</i>
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>02/22/10</i>	Payee name <i>Super Cheap Signs</i> Payee address; City; State; Zip Code <i>9804 Gray Blvd., Austin Tx. 78758</i>	Amount (\$) <i>\$1442.52</i>
Purpose of payment (See instructions regarding type of information required.) <i>25 - 4x8' Signs</i>		** 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 <i>Christie Smith</i>	7 Amount (\$) <i>\$300.00</i>
<i>03/03/10</i>	6 Payee address; City; State; Zip Code <i>122 Retama, Kyle Tx 78640</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Website Design</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Harp Free Press</i>	Amount (\$) <i>\$150.00</i>
<i>05/05/10</i>	Payee address; City; State; Zip Code <i>109 W. Center St., Kyle Tx 78640</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Donation Political ad for City Council Member</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Tx Alcohol & Beverage Commission</i>	Amount (\$) <i>\$201.00</i>
<i>05/06/10</i>	Payee address; City; State; Zip Code <i>7600 Chevy Chase Dr., Suite 200, Austin Tx 78752</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Temporary Alcohol license fee</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name <i>1836 Ink Printing</i>	Amount (\$) <i>\$211.09</i>
<i>05/06/10</i>	Payee address; City; State; Zip Code <i>122 S. Edward Gary, San Marcos, Tx 78666</i>	
Purpose of payment (See instructions regarding type of information required.) <i>200 Bumper Stickers</i>		-- 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 05/06/10	5 Payee name <i>Gary Hart</i> 6 Payee address; City; State; Zip Code <i>Austin, TX</i>	7 Amount (\$) <i>\$300⁰⁰</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Pmt to Sound Guy for Band (Old Funky Soul) for fundraiser</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/06/10	Payee name <i>Texas Disposal Systems</i> Payee address; City; State; Zip Code <i>12200 Carl Rd, Buda Tx 78610</i>	Amount (\$) <i>\$500⁰⁰</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Facility fee for Fundraiser</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/12/10	Payee name <i>Kelly Graphics</i> Payee address; City; State; Zip Code <i>1409 Quaker Ridge, Austin Tx 78746</i>	Amount (\$) <i>\$591.40</i>
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Purpose of payment (See instructions regarding type of information required.) <i>printing & mailing charge for Fundraiser invitation</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/21/10	Payee name <i>Carol Swanson</i> Payee address; City; State; Zip Code <i>304 Turnstone Dr, Buda Tx 78610</i>	Amount (\$) <i>\$1000⁰⁰</i>
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Purpose of payment (See instructions regarding type of information required.) <i>purchase of 1991 Ford Pickup for Campaign</i>	-- 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 05/06/10	5 Payee name <i>Office Max</i> 6 Payee address; City: State; Zip Code <i>Austin TX</i>	7 Amount (\$) <i>\$107.79</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>3 Sponsor Boards for fund raiser</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/06/10	Payee name <i>Wal-Mart</i> Payee address; City: State; Zip Code <i>690 Old San Antonio Rd, Buda TX 78610</i>	Amount (\$) <i>\$52.18</i>
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Purpose of payment (See instructions regarding type of information required.) <i>3-Easel Stands</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/06/10	Payee name <i>Twin Liquors</i> Payee address; City: State; Zip Code <i>5401 FM 1626, Kyle TX 78640</i>	Amount (\$) <i>\$311.37</i>
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Purpose of payment (See instructions regarding type of information required.) <i>6 Cases of Wine for Fund Raiser TDS</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 05/06/10	Payee name <i>Texas Pie Company</i> Payee address; City: State; Zip Code <i>202 W. Center, Kyle TX 78640</i>	Amount (\$) <i>\$992.50</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Catering TDS fundraiser</i>	-- 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 <i>05/24/10</i>	5 Payee name <i>Hays Co. Tax Assessor</i> 6 Payee address; City; State; Zip Code <i>Kyle Tx 78640</i>	7 Amount (\$) <i>\$98.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Transfer fees for 1991 Ford Ranger pickup</i>		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>05/24/10</i>	Payee name <i>4-Way Auto Repair</i> Payee address; City; State; Zip Code <i>Old Hwy 81 & FM 150, Kyle Tx 78640</i>	Amount (\$) <i>\$115.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>A/C Recharge & Turn signal repair for 1991 Ford Ranger</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>05/24/10</i>	Payee name <i>1836 Ink Printing</i> Payee address; City; State; Zip Code <i>122 S. Edward Gary, San Marcos Tx 78666</i>	Amount (\$) <i>\$227.33</i>
Purpose of payment (See instructions regarding type of information required.) <i>1000 Push Cards (English on one side & Spanish on the other)</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date <i>05/28/10</i>	Payee name <i>4-Way Auto Repair</i> Payee address; City; State; Zip Code <i>Old Hwy 81 & FM 150; Kyle Tx 78640</i>	Amount (\$) <i>\$200.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Front Shocks + Balance on 1991 Ford Ranger Pickup</i>		<input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> 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 <i>06/01/10</i>	5 Payee name <i>1836 Ink Printing</i> 6 Payee address; City; State; Zip Code <i>122 S. Edward Gary, San Marcos TX 78666</i>	7 Amount (\$) <i>\$59.54</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>1000 Business Cards</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule I:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>N/A</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	N/A 6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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 filers)

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