

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Robert

MI

E

NICKNAME

LAST

Updegrade

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 2010

ELECTION OFFICE

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

PO Box 663 SAN MARCOS TX 78667

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

805

0385

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

David

MI

NICKNAME

LAST

Watts

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

174 S Guadalupe #203 SAN MARCOS TX 78666

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

395

8538

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 / 2010

6 / 30 / 10

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 2 / 2010

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Court at Law #1

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

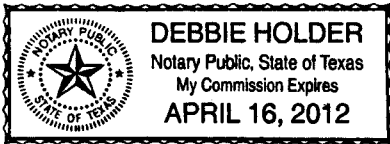
FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** 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. **</small>	
	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3016 ⁹¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 400 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Robert Updegrove

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Updegrove, this the 15 day of July, 2010, to certify which, witness my hand and seal of office.

<u>Debbie Holder</u> Signature of officer administering oath	<u>Debbie Holder</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath
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**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 <i>Robert Updegrave</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Tarbutton</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>127 E Hopkins San Marcos Tx 78666</i>		<i>200⁰⁰</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#: _____) <i>Mary Jo Massi Updegrave</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>934 S.M Campbell Arkansas Pass Tx 78336</i>		<i>200⁰⁰</i>	
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)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Robert Updegrave</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>Feb 2/24 March 2010</i>	5 Payee name <i>Sign Arts</i> 6 Payee address; City; State; Zip Code <i>Po Box 1416 San Marcos Tx 78667</i>	8 Amount (\$) <i>2312.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>June 11 2010</i>	Payee name <i>Wimberley Chamber of Commerce</i> Payee address; City; State; Zip Code <i>Po Box 12 Wimberley Tx 78676</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Entry Fee</i>	Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>Feb June 2010</i>	Payee name <i>Stakes</i> Payee address; City; State; Zip Code <i>2003 N Loop 1604 San Antonio Tx 78259</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Printing</i>	Amount (\$) <i>526.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>May 2010</i>	Payee name <i>Sams Club</i> Payee address; City; State; Zip Code <i>1350 Leah Ave San Marcos Tx 78666</i> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <i>78.15</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		