

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5575

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

TITLE FIRST MI
GARY DUANE
NICKNAME LAST SUFFIX
McNeill

OFFICE USE ONLY

Date Received
TRAVIS COUNTY CLERK
JAN 15 2004
6:23
RECORD

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PMB #153 Suite P Austin TX 78749
4404 W. Wm Cannon Dr.

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Elizabeth
NICKNAME LAST SUFFIX
Lidi Wozniak

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7423 Whistestop Drive Austin TX 78749

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 288 8212

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
12 / 30 / 03 THROUGH 01 / 15 / 04

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 09 / 04
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Travis County Sheriff

13 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

14 C/OH NAME Duane McNeill	15 ACCOUNT # (Ethics Commission files)
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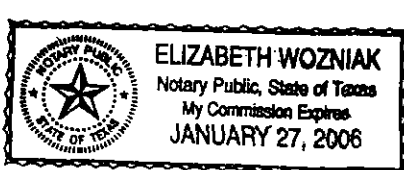
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 2727.61
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

19 AFFIDAVIT

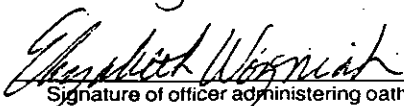
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Duane McNeill, this the 13TH day of January, 2004, to certify which, witness my hand and seal of office.

	Elizabeth Wozniak	Treasurer
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME Duane McNeill		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/3/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Boardman	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 405 Canyon Wren Buda TX 78610			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Fainter Pearce	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1 Autumn Oaks Place Austin, TX 78738			
Principal occupation (Optional)		Employer (Optional)	
Date 1/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie R. Page	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14404 Sandy Side Drive Austin, TX 78728			
Principal occupation (Optional)		Employer (Optional)	
Date 1/7/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens J. Ames	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4109 Honeycomb Rock Circle Austin TX 78731			
Principal occupation (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	

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: <u>1</u>
2 FILER NAME <u>Duane McNeil</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/4/04</u>	5 Payee name <u>4D Printing Inc.</u>	8 Amount (\$) <u>\$135.31</u>
	6 Payee address; City; State; Zip Code <u>4930 S. Congress Ave. Austin, TX</u> <u>Suite 303-C 78745</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>1000 Campaign business cards</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/4/04</u>	Payee name <u>4D Printing Inc.</u>	Amount (\$) <u>\$151.55</u>
	Payee address; City; State; Zip Code <u>4930 S. Congress Ave Austin TX</u> <u>Suite 303-C 78745</u>	
	Purpose of expenditure (See instructions regarding type of information required.) <u>Copies of candidate info, 100 each of 2,</u> <u>2 different 8.5x11 campaign sheets</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/4/04</u>	Payee name <u>4D Printing Inc.</u>	Amount (\$) <u>\$1,190.75</u>
	Payee address; City; State; Zip Code <u>4930 S. Congress Ave Austin TX</u> <u>Suite 303-C 78745</u>	
	Purpose of expenditure (See instructions regarding type of information required.) <u>20,000 3 5/8 x 8.5 Door Hangers</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/2/04</u>	Payee name <u>Travis County Republican Party</u>	Amount (\$) <u>\$1,250.00</u>
	Payee address; City; State; Zip Code <u>7801 North Lamar Austin, TX</u> <u>#A123 78752</u>	
	Purpose of expenditure (See instructions regarding type of information required.) <u>Filing fee for election</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED