

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

5593

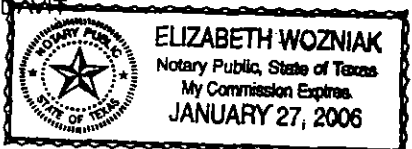
1 ACCOUNT #	2 Total pages filed: 3
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3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
	NICKNAME	LAST	SUFFIX	

4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	

5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year
	12/30/03	1/15/04

6 EXPLANATION OF CORRECTION	Initially used old form C/OH which did not include: P. 1 - # 5 - Candidate phone number P. 2 - # 18 - Part 6 + Part 5 was different
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7 AFFIDAVIT	 <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p><i>[Signature]</i> Signature of Candidate or Officeholder</p>
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AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Duane McNeill this the 24<sup>TH</sup> day of January, 2004.

to certify which, witness my hand and seal of office.

*[Signature]* Elizabeth Wozniak Treasurer  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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:  <div style="text-align: center; font-size: 2em;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Gary MI: Duane NICKNAME: _____ LAST: McNeill SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PMB #153 Suite P APT / SUITE #: Austin TX CITY: STATE: ZIP CODE: 78749 4404 W. Wm Cannon Drive	Date Received   Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 288 8212 EXTENSION:	Receipt # _____ Amount: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Elizabeth MI: _____ NICKNAME: Lidi LAST: Wozniak SUFFIX: _____	Date Processed _____ Date Merged _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 7423 Whistlestop Drive APT / SUITE #: Austin TX CITY: STATE: ZIP CODE: 78749		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 288-8212 EXTENSION:		
9 REPORT TYPE	<input checked="" 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: 12 Day: 30 Year: 03    THROUGH:    Month: 01 Day: 15 Year: 04		
11 ELECTION	ELECTION DATE Month: 03 Day: 09 Year: 04	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Sheriff	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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: _____		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Duane McNeill 16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ <u>          </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>          </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,727.61</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>500.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>          </u>

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 24<sup>TH</sup> day of January, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Elizabeth Wozniak

Printed name of officer administering oath

Treasurer

Title of officer administering oath



D. McNeill  
PMO #153, Suite P  
4404 W. Wm. Cannon Dr.  
Austin TX 78749

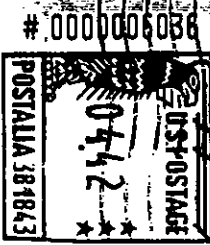
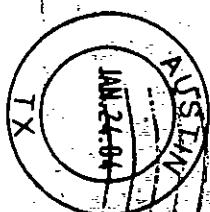
**CERTIFIED MAIL™**



7002 2410 0007 1663 2827



Trans County Elections  
P.O. Box 149325  
Austin, TX  
78714



78714/3333